


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90856 033 ***150.00

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| DOCUMENT # V69269 | |  |
| 1. Entity Name KELLEY'S CUSTOM CLEANING, INC. | | |

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| Principal Place of Business 1534 RIDGELY LANE SEBASTIAN, FL 32958 US | Mailing Address P.O. BOX 780465 SEBASTIAN, FL 32978 US |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 1534 Ridgely Ln |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State Sebastian Florida | City & State Sebastian Florida |
| Zip 32958 | Country |

40093992



04192007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 59-3149412 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---|
| 6. Name and Address of Current Registered Agent KELLEY, LINDA JO 1534 RIDGELY LANE P.O. BOX 780465 SEBASTIAN, FL 32958 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLEY, LINDA JO 545 GRACE STREET SEBASTIAN, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Jo Kelley Linda Jo Kelley **4/25/07** **(712) 589-7243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #