

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000026833

**Entity Name:** KELLY CARES INC

**Current Principal Place of Business:**

100 E GRANADA BLVD.  
SUITE 207-B  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

100 E GRANADA BLVD.  
SUITE 207-B  
ORMOND BEACH, FL 32176 US

**FEI Number:** 85-0553983

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KELLY, SHANICE  
100 E GRANADA BLVD.  
SUITE 207-B  
ORMOND BEACH, FL 32176 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name KELLY, SHANICE  
Address 100 E GRANADA BLVD.  
SUITE 207-B  
City-State-Zip: ORMOND BEACH FL 32176

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHANICE KELLY

**PRESIDENT**

**05/01/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date