## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 15, 2004 8:00 am Secretary of State **DOCUMENT # 544803** 1. Entity Name 04-15-2004 90029 043 \*\*\*150.00 JACK KELLER, INC. Principal Place of Business Mailing Address 2440 W. BAY DRIVE 2440 W: BAY DRIVE 94052500 LARGO FL 33770-1933 LARGO FL 34640 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State Applied For 4. FEI Number 59-1759776 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KELLER, JOHN E. Street Address (P.O. Box Number is Not Acceptable) 2440 W. BAY DRIVE LARGO FL 34640 33770 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE PTD ☐ Delete TITLE Change ☐ Addition KELLER, JOHN E JR. NAME NAME STREET ADDRESS 2440 W BAY DR STREET ADDRESS CITY-ST-ZIP LARGO FL 33770-1933 CITY-ST-ZIP ☐ Delete Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete tm s ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 mylname appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

J. E. Keller, JR.

DFFICER OR DIRECTOR

Mar.

23,2004

(727)5<u>86</u>–1497

**FILED**