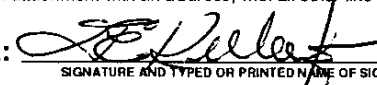


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90075 007 ***150.00

DOCUMENT # 544803 1. Entity Name JACK KELLER, INC.					
Principal Place of Business 2440 W. BAY DRIVE LARGO FL 33770-1933			Mailing Address 2440 W. BAY DRIVE LARGO FL 33770-1933		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KELLER, JOHN E. 2440 W. BAY DRIVE LARGO FL 34640				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD		TITLE	☐ Change ☐ Addition	
NAME	KELLER, JOHN E. JR.		NAME	☐ Change ☐ Addition	
STREET ADDRESS	2440 W BAY DR		STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	LARGO FL 33770-1933		CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	☐ Delete		STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	☐ Delete		STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	☐ Delete		STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
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 my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			J. E. KELLER, JR.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/19/05 (727) 586-1497 Date Daytime Phone #		