2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000001157

1. Entity Name
KEEP LOOKING UP FOUNDATION, INC.

Principal Place of Business	Mailing Address
2693 WEST FAIRBANKS AVE., STE A WINTER PARK, FL 32789	2693 WEST FAIRBANKS AVE., STE A WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
61-1307881
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERRING, LARRY J
2693 WEST FAIRBANKS AVE., STE A
WINTER PARK, FL 32789

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000257051
03/09/05-80038-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	PCDT
NAME	OMBRES, ALEXANDER
STREET ADDRESS	801 NORTH MAGNOLIA AVE., STE 201
CITY-ST-ZIP	ORLANDO, FL
TITLE	VD
NAME	HARLEY, HOWARD
STREET ADDRESS	2693 WEST FAIRBANKS AVE., STE A
CITY-ST-ZIP	WINTER PARK, FL
TITLE	SD
NAME	HERRING, LARRY J
STREET ADDRESS	2693 WEST FAIRBANKS AVE., STE A
CITY-ST-ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: Larry J. Herring 3-5-05 (407) 647-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #