


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J27952**  
 1. Entity Name  
**STEVEN R. KELLER AND ASSOCIATES, INC.**



Principal Place of Business 22 FOXFORDS CHASE ORMOND BCH, FL 32174 US	Mailing Address 22 FOXFORDS CHASE ORMOND BCH, FL 32174 US
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**DO NOT WRITE IN THIS SPACE**



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2748644	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**  
 KELLER, STEVEN R.  
 22 FOXFORDS CHASE  
 ORMOND BCH, FL 32174

**DO NOT WRITE IN THIS SPACE**

**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 rechartering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000083217 03/10/04-80030-015-153.75
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELLER, STEVEN R. 22 FOXFORDS CHASE ORMOND BCH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, KATHY J. 22 FOXFORDS CHASE ORMOND BCH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER-BERJANSKY, LINDSEY 10637 ALISON DR BURKE, VA 22015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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:** Steven R. Keller **STEVEN R. KELLER** 3/7/04 3866739973  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #