


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90038 038 ****70.00

DOCUMENT # N48003 1. Entity Name KEEP PUTNAM BEAUTIFUL, INC.																																																																																																																													
Principal Place of Business 205 N 2ND STREET PALATKA, FL 32177 US			Mailing Address P. O. BOX 790 E. PALATKA, FL 32131 US																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		Country		4. FEI Number 59-3112168																																																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent ROSE, KELLEY M 234 BASS TRAIL CRESCENT CITY, FL 32112				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">SD Chair</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOWE, SHERRIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>127 LEYDA BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>EAST PALATKA, FL 32131</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CDA</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COREY, NEAL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1915 WESTOVER DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALATKA, FL 32177</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CLAPP, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>109 SOUTH 3RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALATKA, FL 32177</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Vice Chair</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Aaron Levin</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>111 1/2 Livingston Rd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>East Palatka, FL 32131</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Treasurer</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Dick Clark</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>120 Rachel Rd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Palatka FL 32177</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Secretary</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>George Crawford</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>240 St. Johns Dr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Palatka FL 32177</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	SD Chair	<input type="checkbox"/> Delete	NAME	LOWE, SHERRIE		STREET ADDRESS	127 LEYDA BLVD.		CITY-ST-ZIP	EAST PALATKA, FL 32131		TITLE	CDA	<input checked="" type="checkbox"/> Delete	NAME	COREY, NEAL		STREET ADDRESS	1915 WESTOVER DRIVE		CITY-ST-ZIP	PALATKA, FL 32177		TITLE	TD	<input checked="" type="checkbox"/> Delete	NAME	CLAPP, DAVID		STREET ADDRESS	109 SOUTH 3RD		CITY-ST-ZIP	PALATKA, FL 32177		TITLE	Vice Chair	<input type="checkbox"/> Delete	NAME	Aaron Levin		STREET ADDRESS	111 1/2 Livingston Rd		CITY-ST-ZIP	East Palatka, FL 32131		TITLE	Treasurer	<input type="checkbox"/> Delete	NAME	Dick Clark		STREET ADDRESS	120 Rachel Rd		CITY-ST-ZIP	Palatka FL 32177		TITLE	Secretary	<input type="checkbox"/> Delete	NAME	George Crawford		STREET ADDRESS	240 St. Johns Dr.		CITY-ST-ZIP	Palatka FL 32177		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: Kelley Rose 1-13-04 386-325-9598 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													