

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

02-18-2004 90016 046 ***123.75
03-17-2004 90023 041 ****26.25

DOCUMENT # P03000140315

1. Entity Name.
KEITH BEAUDOIN INC



Principal Place of Business
**1334 LAGORCE DRIVE
APOPKA, FL 32703**

Mailing Address
**1334 LAGORCE DRIVE
APOPKA, FL 32703**

24023960



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01302004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
57-1195285

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEAUDOIN, KEITH
1334 LAGORCE DRIVE
APOPKA, FL 32703**

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, 2004 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BEAUDOIN, KEITH
1334 LAGORCE DRIVE
APOPKA, FL 32703** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
MCKINNON, CARROL PAUL
1334 LAGORCE DRIVE
APOPKA, FL 32703** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
RAYMOND A. BEAUDOIN, JR.
1436 LAKECREST DRIVE
APOPKA, FL 32703** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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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

Keith Beaudoin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04
Date

407-854-9495
Daytime Phone



24023960

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 29, 2004

KEITH BEAUDOIN
KEITH BEAUDOIN INC
1334 LAGORCE DR.
APOPKA, FL 32703

SUBJECT: KEITH BEAUDOIN INC
Ref. Number: P03000140315

We have received your document for KEITH BEAUDOIN INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The changes reflected in your document can be made by filing an annual report/uniform business report. You can deduct the fee previously submitted from the annual report/uniform business report fee due.
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 904A00006229

Division of Corporations
P.O. Box 6327

(850) 245-6906

If you have any questions concerning the filing of your document, please call

Division of Corporations

P.O. Box 6327

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314