

2005 FOR PROFIT CORPORATION ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # P04000092869 1. Entity Name KEATON TIRE RAPAIR INC |  |
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FILED
05 APR 14 AM 7:55
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 54 EAST CAPPS ST LAMONT, FL 32336 | Mailing Address 54 EAST CAPPS ST LAMONT, FL 32336 |
|---|---|



| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

04142005 Chg-P CR2E034 (10/03)

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| KEATON, EDD 707 RABON RD MONTICELLO, FL 32345 | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | FL | Zip Code |

| | |
|------------------------------------|--|
| 4. FEI Number 03054-3682 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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)

| | | |
|---|--|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|---|
| TITLE | D KEATON, EDD | TITLE | 300053934 PS3 |
| NAME | 707 RABON RD | NAME | 05/06/05--01008--023 **150.00 |
| STREET ADDRESS | MONTICELLO, FL 32345 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| CITY-ST-ZIP | <input type="checkbox"/> Delete | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | <input type="checkbox"/> Delete | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Edd Keaton 4-14-2005 Date

Daytime Phone #

MW