

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Jun 02, 2004 8:00 am
Secretary of State

5/.

05-03-2004 90781 033 ***150.00

DOCUMENT # P98000082872

1. Entity Name
KEEPON TRUCKING, INC.



Principal Place of Business
**12061 NW 50TH DRIVE
 CORAL SPRINGS FL 33076
 US**

Mailing Address
**12061 NW 50TH DRIVE
 CORAL SPRINGS FL 33076
 US**

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

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

City & State
 Zip Country

4. FEI Number **65-0868174** Applied For
 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
**ACCARDI, PATRICIA
 12061 NW 50TH DRIVE
 CORAL SPRINGS FL 33076**

7. Name and Address of New Registered Agent
 Name **Accardi, Robert J**
 Street Address (P.O. Box Number is Not Acceptable) **7561 NW 16th St Apt 2409**
 City **Plantation** FL Zip Code **33313**

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 **Robert Accardi** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

Pat Accardi (NOTE: Registered Agent signature required when resigning)

5-27-04 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ACCARDI, PATRICIA	
STREET ADDRESS	12061 NW 50TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Accardi	
STREET ADDRESS	7561 NW 16th St Apt 2409	
CITY-ST-ZIP	Plantation FL 33313	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT J ACCARDI	
STREET ADDRESS	7561 NW 16th St	
CITY-ST-ZIP	Plantation FL 33313 954 PH# 547-4597	
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		

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: **Pat Accardi Patricia Accardi** **4-29-04 954 64625**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #