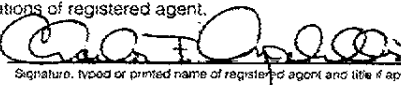


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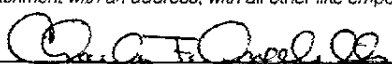
FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 276932					
1. Entity Name KELLER SALES & ENGINEERING, INC.					
Principal Place of Business 940 DOUGLAS AVE (MAILING) DUNEDIN FL 34698			Mailing Address 940 DOUGLAS AVE (MAILING) DUNEDIN FL 34698		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1031558	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANGELILLIS, C.F. 1625 SAN ROY DR DUNEDIN FL 34698				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 		CHARLES F. ANGELILLIS		1/21/04	
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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	ANGELILLIS, CHARLES	TITLE	U00000014984	
NAME		1625 SAN ROY DRIVE	NAME	01/27/04-80044-011	150.00
STREET ADDRESS		DUNEDIN FL 34698	STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	PD	KELLER, R D	TITLE		
NAME		1417 SATSUMA	NAME		
STREET ADDRESS		CLEARWATER FL	STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	T	KELLER, GERALD	TITLE		
NAME		1687 SAN MATEO DRIVE	NAME		
STREET ADDRESS		DUNEDIN FL	STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  CHARLES F. ANGELILLIS