

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 314421**

1. Entity Name  
**KEIM ASSOCIATES, INC.**



Principal Place of Business  
**802 S.E. 47TH TERRACE  
CAPE CORAL, FL 33904**

Mailing Address  
**802 S.E. 47TH TERRACE  
CAPE CORAL, FL 33904**



02102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1200351**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**AYERS, ROBERT J.  
3536 SE 18 AVE.  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
IN THIS SPACE**

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**

TITLE	PD
NAME	AYERS, ROBERT J
STREET ADDRESS	3536 SE 18 AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VD
NAME	STORY, JANE
STREET ADDRESS	5708 FLAMINGO DR.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	S
NAME	LETENDRE, GLORIA G.
STREET ADDRESS	480 NE 3RD PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	T
NAME	BARZO, SUSAN
STREET ADDRESS	5122 GLADE COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000048148  
02/12/04-80068-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Robert J. Ayers, ROBERT J. AYERS** **2/10/04 (239) 542-4102**