

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 374550

1. Entity Name
KEETON'S OFFICE SUPPLY CO.



Principal Place of Business
**817 MANATEE AVENUE WEST
BRADENTON, FL 34205**

Mailing Address
**817 MANATEE AVENUE WEST
BRADENTON, FL 34205**

DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1309821

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEITRICH, DAVID K
920 MANATEE AVE W
BRADENTON, FL 33505**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
KEETON, WILLIAM
5217 6TH AVENUE, WEST
BRADENTON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOOPINGARNER, PATRICIA K
8101 LAKE DR
PALMETTO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KEETON, MARGARET ANN
5217 6TH AVE. W.
BRADENTON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HOOPINGARNER, BRICE W.
8101 LAKE DRIVE
PALMETTO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HOOPINGARNER, BRENT K
3719 70TH STREET, E
PALMETTO, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000053901
02/16/04-80150-009 150.00

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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)(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #