

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 05, 2004 08:00 AM  
Secretary of State

DOCUMENT # 505779

1. Entity Name  
KEIL & KRIST FURNITURE CORP.



Principal Place of Business

KEIL & KRIST  
4404 N. US HWY 1.  
VERO BEACH, FL 32967 US

Mailing Address

KEIL & KRIST  
4404 N. US HWY 1.  
VERO BEACH, FL 32967 US



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1698026

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEIL, HANS W  
9355 W. MAIDEN C.  
VERO BEACH, FL 32963

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

U000000102484  
04/05/04-80017-014 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
KEIL, HELENE  
126 QUEEN BESS CT  
FT PIERCE, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
KEIL, HANS  
126 QUEEN BESS  
FT PIERCE, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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 #

3/31/04