


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90064 011 \*\*\*150.00

|                                                |                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 592719</b>                       |  |
| 1. Entity Name<br><b>LEMON BAY ISLES, INC.</b> |                                                                                   |

|                                                                                         |                                                                   |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br><b>2940 S. MCCALL ROAD<br/>ENGLEWOOD FL 34224<br/>US</b> | Mailing Address<br><b>PO BOX 3670<br/>PLACIDA FL 33946<br/>US</b> |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------|

|                                                            |                     |
|------------------------------------------------------------|---------------------|
| 2. Principal Place of Business<br><b>2936 S. McCall Rd</b> | 3. Mailing Address  |
| Suite, Apt. #, etc.                                        | Suite, Apt. #, etc. |

|                                      |              |
|--------------------------------------|--------------|
| City & State<br><b>Englewood, FL</b> | City & State |
|--------------------------------------|--------------|

|                     |                       |     |         |
|---------------------|-----------------------|-----|---------|
| Zip<br><b>34224</b> | Country<br><b>USA</b> | Zip | Country |
|---------------------|-----------------------|-----|---------|

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-1905380</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>KEATHLEY, KERRY H<br/>8045 BAY POINTE DR<br/>ENGLEWOOD FL 34224</b> |  |
|---------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                |                 |
|--------------------------------------------------------------------------------|-----------------|
| 7. Name and Address of New Registered Agent                                    |                 |
| Name<br><b>KERRY H. KEATHLEY</b>                                               |                 |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>2936 S. McCall Rd</b> |                 |
| City<br><b>Englewood</b>                                                       | FL <b>34224</b> |

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 **Kerry H. Keathley** **1-27-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                                                                                                                                 |                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                      |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>KEATHLEY, HAROLD L<br>8731 SE ROYAL STREET<br>HOBE SOUND FL 33455 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP<br>Keathley, Harold L.<br>6733 Greenview Lane<br>Englewood, FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>KEATHLEY, KERRY H<br>8045 BAY POINT DRIVE<br>ENGLEWOOD FL 34224 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DST<br>Keathley, Kerry H.<br>PO Box 730<br>Placida, FL 33946 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |

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: **Kerry H. Keathley** **1-27-05** **941.473.8686**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #