


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90318 042 ***158.75

DOCUMENT # F94000001980	
1. Entity Name ART KEELE, INC.	

Principal Place of Business P.O. BOX 1853 2154 GULFVIEW BLVD-C DUNEDIN FL 34697-1853 US	Mailing Address P.O. BOX 1853 DUNEDIN FL 34697 US
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2. Principal Place of Business 10172 SANDY MARSH CIRCLE Suite, Apt. #, etc.	3. Mailing Address 10172 SANDY MARSH CIRCLE Suite, Apt. #, etc.
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City & State ORLANDO, FL	City & State ORLANDO FL
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Zip 32832	Country U.S.A	Zip 32832	Country USA
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1st MOORE CR2E034 (10/04)

4. FEI Number 58-1500886		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ALLEN, GLENN K 353 E. FORSYTH ST. JACKSONVILLE FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 *Art Keele* DATE **4-24-05**
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN KEELE PO BOX 1853 DUNEDIN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP ALLEN, KEELE 10172 SANDY MARSH CIRCLE ORLANDO, FL 32832 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHANGE ADDRESS ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KEELE, ART PO BOX 1853 DUNEDIN FL 34697 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ART, KEELE 10172 SANDY MARSH CIRCLE ORLANDO, FL 32832 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHANGE ADDRESS ONLY
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Art Keele Pres - ART KEELE, PRES* DATE **4-24-05** DAYTIME PHONE # **407-281-8467**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #