

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 Mailing Address

P.O. BOX 1853 P.O. BOX 1853
 2154 GULFVIEW BLVD-C DUNEDIN FL 34697
 DUNEDIN FL 34697-1853 US
 US



2. Principal Place of Business 3. Mailing Address

10172 SANDY MARSH CIRCLE **10172 SANDY MARSH CIRCLE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State

ORLANDO, FL **ORLANDO FL**

4. FEI Number Applied For

58-1500886 Not Applicable

Zip Country Zip Country

32832 **U.S.A** **32832** **USA**

5. Certificate of Status Desired **\$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 **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS	
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	PS KEELE, ART PO BOX 1853 DUNEDIN FL 34697 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, KEELE 10172 SANDY MARSH CIRCLE ORLANDO, FL 32832 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <small>CHANGE ADDRESS ONLY</small>
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 <small>CHANGE ADDRESS ONLY</small>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 DAY/TIME PHONE #: 407-281-8467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #