

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90159 045 ***158.75

DOCUMENT # F94000001980

1. Entity Name

ART KEELE, INC.



Principal Place of Business

10172 SANDY MARSH CIRCLE
ORLANDO FL 32832
US

Mailing Address

10172 SANDY MARSH CIRCLE
ORLANDO FL 32832
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 1007

Suite, Apt. #, etc.

P.O. Box 1007

City & State

LARGO, FLORIDA

City & State

LARGO, FLORIDA

Zip

33779-1007

Country

USA

Zip

33779-1007

Country

USA

4. FEI Number

58-1500886

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



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

[Signature] (NO CHANGE IN AGENT)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME ALLEN KEELE
STREET ADDRESS 10172 SANDY MARSH CIRCLE
CITY-ST-ZIP ORLANDO FL 32832

TITLE PS ☐ Delete
NAME KEELE, ART
STREET ADDRESS 10172 SANDY MARSH CIRCLE
CITY-ST-ZIP ORLANDO FL 32832

NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Change ☒ Addition
NAME ALLEN KEELE
STREET ADDRESS P.O. Box 1007
CITY-ST-ZIP LARGO, FL 33779-1007

TITLE PS ☒ Change ☒ Addition
NAME ART KEELE
STREET ADDRESS PO Box 1007
CITY-ST-ZIP LARGO FL 33779-1007

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature] PRES

ART KEELE, P

4-24-06

321-332-8090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #