

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90401 032 ***158.75

14013569



01072005 Chg-P CR2E034 (10/03)

DOCUMENT # G17421 1. Entity Name TOM KEELE CONDO & LAWN MAINTENANCE, INC.																																															
Principal Place of Business 11925 COLLIER BLVD #201 NAPLES, FL 34116 US			Mailing Address 11925 COLLIER BLVD #201 NAPLES, FL 34116 US																																												
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																												
4. FEI Number 59-2241540			Applied For Not Applicable																																												
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																															
6. Name and Address of Current Registered Agent WILLIAM D KRAMER 11925 COLLIER BLVD, #201 NAPLES, FL 34116				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%; padding: 2px;"> PST KEELE, THOMAS L. 461 QUAIL DRIVE MARCO ISLAND, FL 34145 </td> <td style="width: 25%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%; padding: 2px;"></td> <td style="width: 25%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KEELE, THOMAS L. 461 QUAIL DRIVE MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KEELE, THOMAS L. 461 QUAIL DRIVE MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
		<input type="checkbox"/> Delete			<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: * <u><i>Tom L. Keele</i></u> <u>1-13-05</u> <u>239-348-0272</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															