


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # K02692
1. Entity Name
KERR PROPERTY, INC.



Principal Place of Business
**9020 RANCHO DEL RIO DRIVE, SUITE 128
NEW PORT RICHEY, FL 34655 US**

Mailing Address
**9020 RANCHO DEL RIO DRIVE, SUITE 128
NEW PORT RICHEY, FL 34655 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2862016 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DEEB, ALEX R
9020 RANCHO DEL RIO DRIVE, SUITE 125
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEEB, ALEX R
STREET ADDRESS	9020 RANCHO DEL RIO DR STE 128
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	VD
NAME	DEMETREE, WILLIAM C
STREET ADDRESS	9020 RANCHO DEL RIO DR STE 128
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D
NAME	DEMETREE, JACK C.
STREET ADDRESS	9020 RANCHO DEL RIO DR STE 128
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	VT
NAME	DEEB, RICHARD G
STREET ADDRESS	9020 RANCHO DEL RIO DR STE 128
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	S
NAME	SINDELAR, MARJORIE H
STREET ADDRESS	9020 RANCHO DEL RIO DR, SUITE 122
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/02/05-80095-021 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05 727-376-6831
Date Daytime Phone #

ALEX R. DEEB, PRESIDENT