


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90112 027 \*\*\*158.75

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



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

**40015524**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**9400 River Crossing Blvd.** **9400 River Crossing Blvd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**102** **102**

01182007 Chg-P CR2E034 (12/06)

City & State City & State  
**New Port Richey, FL** **New Port Richey, FL**  
 Zip Country Zip Country  
**34655 Pasco 34655 Pasco**

4. FEI Number Applied For  
**59-2862016** 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**

**7. Name and Address of New Registered Agent**  
 Name  
**Alex R. Deeb**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9400 River Crossing Blvd.**  
**Suite 102**  
 City City State Zip Code  
**New Port Richey FL 34655**

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, 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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEEB, ALEX R 9020 RANCHO DEL RIO DR STE 128 NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMETREE, JACK C. 9020 RANCHO DEL RIO DR STE 128 NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DEEB, RICHARD G 9020 RANCHO DEL RIO DR STE 128 NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINDELAR, MARJORIE H 9020 RANCHO DEL RIO DR, SUITE 122 NEW PORT RICHEY, FL 34655	<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	PD Alex R. Deeb 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack C. Demetree 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Richard G. Deeb 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marjorie H. Sindelar 9400 River Crossing Blvd, Suite 102 New Port Richey, FL 34655	<input checked="" 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 exemptions contained in Chapter 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:** \_\_\_\_\_ **2/1/07** **727-376-6831**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**ALEX R. DEEB, PRESIDENT**