2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Jan 14, 2008 08:0
DOCU	MENT # K05158			Secretary of St
1. Entity Nan				
KEAILE	Y ENTERPRISES, INC.			
Principal Plac	ce of Business	Mailing Address		
6802 STAP		P.O. BOX 6068	_	
WINTER PAR	RK, FL 32792	WINTER PARK, FL 32793-606	8	
) INDIDUI SIA MALDI MINE ONDI MINELINE MINI DIDII DUDII MINI MINI MINI MERINDI IL LUDI
DO NOT WRITE IN THIS SPACE				01082008 No Chg-P CR2E034 (11/05)
L	O NOI WRITE	IN THIS SPA	J E	4. FEI Number Applied For 59-2864573 Not Applicable
	~ .	w. p	ب مست	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		100100
SINGER, MARY SCOTT				DO NOT WRITE
6802 STAPOINT CT.				,
WINTER PARK, FL 32792				IN THIS SPACE
		the purpose of changing its registere	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	tions of registered agent.			
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Registered	d Agent signature required	d when reinstating) DATE
12.9.22		'9 Election Campaign Finan	cing	0(3)
After M	E NOW!!! FEE IS \$150.00 (1) 7 ay 1, 2008 Fee will be \$550.0	Election Campaign Finan Trust Fund Contribution.	Add	ed to Fees -
10.	OFFICERS AND I	DIRECTORS		
TITLE -NAME	D SINGER, IVOR A.			•
STREET ADDRESS	1616 TIOGA TR			•
CITY-ST-ZIP	WINTER PARK, FL 32789			U00000784150
TITLE	PD SINCER MARY SCOTT			01/16/08-80043-016 150.00
NAME STREET ADDRESS	SINGER, MARY SCOTT 1616 TIOGA TR			
CITY-ST-ZIP	WINTER PARK, FL 32789			
TITLE	ST			
NAME STREET LODDESS	SINGER, MARY-ALLEN			
STREET ADDRESS CITY-ST-ZIP	618 GLENARDEN ROAD WINTER PARK, FL 32792			DO NOT WRITE
TITLE				IN THIS SPACE
NAME				IIV THIS STACE
STREET ADDRESS CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				•

12. 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

PECON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/08 (407) 222 Obzy