## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K05158

Entity Name: KEATLEY ENTERPRISES, INC

618 GLENARDEN ROAD

WINTER PARK, FL 32792

Address: City-St-Zip: FILED Jan 15, 2009 Secretary of State

Littly Nai	ile. KLATLET	LIVIERFRIOLO, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6802 STAF WINTER F	POINT CT. PARK, FL 3279	2			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 6068 WINTER PARK, FL 327936068			1616 TIOGA TRAIL WINTER PARK, FL 32789		
FEI Number:	59-2864573	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SINGER, MARY SCOTT 6802 STAPOINT CT. WINTER PARK, FL 32792 US			1616 TIÓGA TRAIL	SINGER, MARY SCOTT 1616 TIOGA TRAIL WINTER PARK, FL 32789 US	
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				01/15/2009	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () SINGER, IVOR A 1616 TIOGA TR WINTER PARK,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () SINGER, MARY 1616 TIOGA TR WINTER PARK,	,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ST () SINGER, MARY	Delete -ALLEN	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARY SCOTT SINGER PD 01/15/2009