

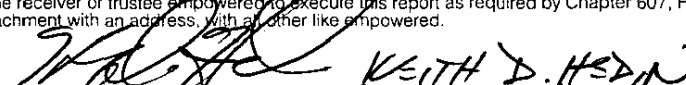


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90068 050 \*\*\*150.00

<b>DOCUMENT # K19641</b> 1. Entity Name <b>KEITH'S OIL CAN, INC.</b>			
Principal Place of Business <b>8430 20TH STREET VERO BEACH FL 32966 US</b>		Mailing Address <b>8430 20TH STREET VERO BEACH FL 32966 US</b>	
2. Principal Place of Business <b>1979 35th Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>1979 35th Ave</b> Suite, Apt. #, etc.	 <b>MOORE CR2E034 (11/03)</b>	
City & State <b>Vero Beach FL</b>	City & State <b>Vero Beach FL</b>		
Zip <b>32960</b> Country <b>USA</b>	Zip <b>32960</b> Country <b>USA</b>		
4. FEI Number <b>65-0044950</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>O'HAIRE, MICHAEL 3111 CARDINAL DR VERO BCH FL 32963</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>HEDIN, KEITH D. 8430 20TH STREET VERO BEACH FL 32966</b>	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.			
<b>SIGNATURE:</b>  <b>KEITH D. HEDIN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/1/04 770-1767</b> <small>Date Daytime Phone #</small>	