

ANNUAL REPORT**DOCUMENT # L20967**1. Entity Name
KEYWIT, INC.

Principal Place of Business

**C/O KELVIN KIEWIET
20671 FRUITFUL DR.
ESTERO, FL 33928**

Mailing Address

**C/O KELVIN KIEWIET
20671 FRUITFUL DR.
ESTERO, FL 33928****FILED**
Jan 31, 2007 08:00 AM
Secretary of State

01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-0151667Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****KIEWIET, KELVIN
20671 FRUITFUL DR.
ESTERO, FL 33928****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 _____

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	D
NAME	KIEWIET, KELVIN
STREET ADDRESS	20671 FRUITFUL DR.
CITY-ST-ZIP	ESTERO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000613034
02/05/07-80022-011 150.00**DO NOT WRITE
IN THIS SPACE**

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: *Vicki Kiewiet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. Kiewiet

1-25-07

Date

239 495-6486

Daytime Phone #