2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L38722

1. Entity Name
KEITH COLOMBO, INC.

Principal Place of Business	Mailing Address
2319 PALM DERR DR.	2319 PALM DERR DR.
LOXAHATCHEE, FL 33470	LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE

04062007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0171688	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COCOMBO, KEITH
2319 PALM DERR DR.
LOXAHATCHEE, FL 33470

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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

U00000697727
04/18/07-80052-017 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PTD	
NAME	COLOMBO, KEITH	
STREET ADDRESS	2319 PALM DERR DR.	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	VSD	
NAME	COLOMBO, LAURA	
STREET ADDRESS	2319 PALM DERR DR.	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _____   4/6/07   561-790-2050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #