

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L84101

Entity Name: KEITH MARINE, INC.

FILED
Jan 17, 2005
Secretary of State

Current Principal Place of Business:

195 COMFORT RD.
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 187
PALATKA, FL 32178 US

New Mailing Address:

FEI Number: 59-3015688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE SANTIS, COLLEEN
1519 HIGH ST.
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEITH, RICHARD J
Address: 809 KALLI CREEK LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: STD () Delete
Name: DESANTIS, COLLEEN M.,
Address: 1519 HIGH ST
City-St-Zip: PALATKA, FL 32177

Title: VD () Delete
Name: KEITH, BRIAN E.,
Address: 104 EDGEMOOR TRAIL
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: KEITH, RICHARD J
Address: 809 KALLI CREEK LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: KEITH, BRIAN E.,
Address: 104 EDGEMOOR TRAIL
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: COLLEEN M DESANTIS

ST

01/17/2005

Electronic Signature of Signing Officer or Director

_____ Date