

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90060 030 ****61.25

DOCUMENT # N02000003432

1. Entity Name

KEEP IT MOVING INC.



Principal Place of Business

386 JOHN ALDEN LN
N FT MYERS FL 33917

Mailing Address

386 JOHN ALDEN LN
N FT MYERS FL 33917

54043113



MOORE CR2E037 (11/03)

2. Principal Place of Business

5505 JOHN ALDEN LN
Suite, Apt. #, etc.

3. Mailing Address

5505 JOHN ALDEN LN
Suite, Apt. #, etc.

City & State

N. FT MYERS FL

City & State

N. FT. MYERS FL

Zip
33917

Country
LEE

Zip
33917

Country
LEE

4. FEI Number

02-0549451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRITSCH, DORIS
386 JOHN ALDEN LN
N FT MYERS FL 33917

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DORIS FRITSCH
STREET ADDRESS 386 JOHN ALDEN LN
CITY-ST-ZIP N FT MYERS FL 33917

TITLE ☐ Delete
NAME VICKI OLSZWESKI
STREET ADDRESS 210 SW 47TH TERR APT #3
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete
NAME FRED OLSZWESKI
STREET ADDRESS 210 SW 47TH TERR APT #3
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORIS FRITSCH

Date

Daytime Phone #

CHANGE OF HOUSE ADDRESS