

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90320 002 ****61.25

DOCUMENT # N02000003432

1. Entity Name

KEEP IT MOVING INC.



Principal Place of Business

**5505 JOHN ALDEN LANE
N FT MYERS FL 33917**

Mailing Address

**5505 JOHN ALDEN LANE
N FT MYERS FL 33917**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0549451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

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, 2006**

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 **D**
STREET ADDRESS **FRITSCH, DORIS**
CITY-ST-ZIP **5505 JOHN ALDEN LN
N FT MYERS FL 33917**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **OLSZWESKI, FRED**
CITY-ST-ZIP **210 SW 47TH TERR APT #3
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 **WOZNIAK, LYNN**
STREET ADDRESS **5519 14491 NATHAN HALE LN.**
CITY-ST-ZIP **N. FT MYERS, FL. 33917**

TITLE ☐ Change ☒ Addition
NAME **BARBARA GAVIN**
STREET ADDRESS **210 NE 22ND AVE**
CITY-ST-ZIP **CAPE CORAL FL. 33904**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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] **DORIS FRITSCH**