

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


9/8/2005-90069-029-\$61.25-\$61.25

**FILED**

**05 OCT 20 PM 2:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**30065622**

**DOCUMENT # N05000007954**

1. Entity Name  
**KEEP IT STRAIGHT, INC.**



Principal Place of Business  
**638 N FERDON BLVD**  
**CRESTVIEW, FL 32536**

Mailing Address  
**638 N FERDON BLVD**  
**CRESTVIEW, FL 32536**

2. Principal Place of Business  
*Same*

3. Mailing Address  
*Same*

Suite, Apt. #, etc.

City & State

Zip Country Zip Country



08302005 Chg-NP CR2E037 (10/03) **05**

4. FEI Number  
**56-2452098**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SPEARS, FREDDIE E**  
**638 N FERDON BLVD**  
**CRESTVIEW, FL 32536**

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 *Freddie E. Spears* **9/1/05** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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	CD	<input type="checkbox"/> Delete
NAME	NORWOOD, DARON	
STREET ADDRESS	638 N FERDON BLVD	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	SPEARS, FREDDIE E	
STREET ADDRESS	638 N FERDON BLVD	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Freddie E. Spears* **9/1/05** **(850) 682-5008** DATE DAYTIME PHONE #