

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009565

FILED
Sep 04, 2008
Secretary of State

Entity Name: TRADITIONS KEEPERS, INC.

Current Principal Place of Business:

621 CIRCLE DRIVE WEST
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

621 CIRCLE DRIVE WEST
LARGO, FL 33770

New Mailing Address:

FEI Number: 65-1290792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WATKINS, JR., ROBERT S
621 CIRCLE DRIVE WEST
LARGO, FL 33770 US

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WATKINS, JR., ROBERT S
Address: 621 CIRCLE DRIVE WEST
City-St-Zip: LARGO, FL 33770

Title: VPD () Delete
Name: TAYLOR, R. KAYE
Address: 16142 HANA ROAD
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: SCATKO, KATHERINE
Address: 621 CIRCLE DRIVE WEST
City-St-Zip: LARGO, FL 33770

Title: TD () Delete
Name: TAYLOR, CASSANDRA
Address: 701 S CASTLE COURT
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: MIKHAILOFF, BYRON L
Address: P.O. BOX 4341
City-St-Zip: SEMINOLE, FL 337754341

Title: D () Delete
Name: MILLER, CHRISTINE
Address: 1010 DEES ROAD
City-St-Zip: LAKE LAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S. WATKINS, JR.

DP

09/04/2008

Electronic Signature of Signing Officer or Director

Date