2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N06000009565

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TAYLOR, CASSANDRA L
701 S CASTLE CT
TAMPA, FL 33612 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: CASSANDRA L TAYLOR 04/11/2009
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: LAKELAND, 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: SD (X) Change ( ) Addition
Name: SMITH, KATHERINE
Address: 3227 MACGREGOR DR
City-St-Zip: PALM HARBOR, FL 34684

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: CASSANDRA L TAYLOR TD 04/11/2009
Electronic Signature of Signing Officer or Director Date