

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 14, 2008  
Secretary of State

DOCUMENT# N48003

Entity Name: KEEP PUTNAM BEAUTIFUL, INC.

**Current Principal Place of Business:**

205 N 2ND STREET  
PALATKA, FL 32177 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 790  
E. PALATKA, FL 32131 US

**New Mailing Address:**

FEI Number: 59-3112168      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOWNSEND, JAMES H  
123 WALTON ROAD  
EAST PALATKA, FL 32131 US

**Name and Address of New Registered Agent:**

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: PD ( ) Delete  
Name: LOWE, SHERRIE Z MS  
Address: 127 LEYDA BLVD  
City-St-Zip: EAST PALATKA, FL 32131

Title: VD ( ) Delete  
Name: PARRISH, YVONNE C MS  
Address: 121 CODY DRIVE  
City-St-Zip: SATSUMA, FL 32189

Title: TD ( ) Delete  
Name: CLAPP, DAVID MR  
Address: 109 SOUTH THIRD STREET.  
City-St-Zip: PALATKA, FL 32177

Title: SD ( ) Delete  
Name: CRAWFORD, GEORGE  
Address: 240 ST JOHNS DR.  
City-St-Zip: PALATKA, FL 32177

**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:

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: DAVID CLAPP

TD

02/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date