


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N50654</b> 1. Entity Name <b>KEEPERS OF THE HIVE, INC.</b>					
Principal Place of Business <b>211 S. OCEAN DR. APT 305 HOLLYWOOD FL 33019 US</b>			Mailing Address <b>211 S. OCEAN DR. APT 305 HOLLYWOOD FL 33019 US</b>		
2. Principal Place of Business  Suite, Apt #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0276758</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARENTI, ANTHONY 211 S. OCEAN DR. APT. 305 HOLLYWOOD FL 33019</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW: FEE IS \$61.25 Due By September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PARENTI, ANTHONY</b> <input type="checkbox"/> Delete <b>211 S. OCEAN DRIVE, APT. 305</b> <b>HOLLYWOOD FL 33019</b> <b>D</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000377983</b> <b>09/08/05-80005-003 61.25</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PARENTI, ANTHONY II</b> <input type="checkbox"/> Delete <b>30 BRIARWOOD DRIVE</b> <b>NORTH CANTON CT 06059</b> <b>D</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PARENTI, CHRISTOPHER M</b> <input type="checkbox"/> Delete <b>211 S. OCEAN DR. APT. 305</b> <b>HOLLYWOOD FL 33019</b> <b>D</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>RIGHTMYER, RICK E</b> <input type="checkbox"/> Delete <b>211 S. OCEAN DRIVE, APT. 605</b> <b>HOLLYWOOD FL 33019</b> <b>D</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PARENTI, KEITH</b> <input type="checkbox"/> Delete <b>30 BRIARWOOD DRIVE</b> <b>NORTH CANTON CT 06059</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 