2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004034

FILED Apr 29, 2005 Secretary of State

Entity Name: KEEP TALLAHASSEE-LEON COUNTY BEAUTIFUL, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	UMONT DR SSEE, FL 323	809			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P O BOX TALLAHA	191 SSEE, FL 323	802			
FEI Number	r: 31-1528968	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
TALLAHA The above	UMONT DRIV SSEE, FL 323	809 US	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:) Delete NK IIA ST.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DT (DORSEY, FRA 401 E. VIRGIN TALLAHASSEI VC (ROBERTS, DA) Delete NK IIA ST. E, FL 32301) Delete NID NWEALTH LANE	Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	DT (DORSEY, FRA 401 E. VIRGIN TALLAHASSEI VC (ROBERTS, DA 1901 COMMO TALLAHASSEI) Delete NNK IIA ST. E, FL 32301) Delete NVID NWEALTH LANE E, FL 32303) Delete NA	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	DT (DORSEY, FRA 401 E. VIRGIN TALLAHASSEI VC (ROBERTS, DA 1901 COMMO TALLAHASSEI ED (HANSON, DIAI 411 N. CALHC TALLAHASSEI C (JACOBS, MEL) Delete NNK IIA ST. E, FL 32301) Delete NVID NWEALTH LANE E, FL 32303) Delete NA DUN E, FL 32302) Delete BA EST 505 APPLEYARD DR NE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANK E DORSEY DT 04/29/2005