

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90047 036 \*\*\*150.00

DOCUMENT # P00000018860

1. Entity Name  
 KEA-BO RANCH, INC.



Principal Place of Business  
 2798 FISH BRANCH ROAD  
 ZOLFO SPRINGS FL 33890  
 US

Mailing Address  
 2798 FISH BRANCH ROAD  
 ZOLFO SPRINGS FL 33890  
 US



2. Principal Place of Business - No P.O. Box #  
 2798 Fish Branch Rd  
 Suite, Apt. #, etc.

3. Mailing Address  
 2798 Fish Branch Rd  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
 Zolfo Springs FL

City & State  
 Zolfo Springs FL

Zip  
 33890

Country  
 U.S.A.

Zip  
 33890

Country  
 U.S.A.

4. FEI Number 59-3640483

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEATING, LAVERNE  
 2798 FISH BRANCH ROAD  
 ZOLFO SPRINGS FL 33890

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
VPTD	KEATING, LAVERNE	2798 FISH BRANCH ROAD	ZOLFO SPRINGS FL 33890	<input type="checkbox"/>
P	KEATING, WILLIAM	2798 FISH BRANCH RD	ZOLFO SPRINGS FL 33890	<input type="checkbox"/>
2VP	KEATING, DWIGHT	1318 LAKE CLAY DR	LAKE PLACID FL 33852	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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.

SIGNATURE: William B. Keating President William B. Keating 1-26-07 803-735-1073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #