2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like

SIGNATURE

May 01, 2006 8:00 am Secretary of State **DOCUMENT # P00000087370** 05-01-2006 90300 010 ***150.00 1. Entity Name BRENDA R. KECK, P.A. 40010147 Principal Place of Business Mailing Address 2710 ASHBURY LANE 2710 ASHBURY LANE CANTONMENT, FL 32533 CANTONMENT, FL 32533 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04102006 Chg-P City & State City & State 4. FEI Number Applied For 59-3670057 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KECK, BRENDA R Street Address (P.O. Box Number is Not Acceptable) 2710 ASHBURY LANE CANTONMENT, FL 32533 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 Signature, typed or printed name of registered agent and title II applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD TITLE ☐ Change ☐ Addition ☐ Delete TIT) F KECK, BRENDA R NAME 2710 ASHBURY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CANTONMENT, FL 32533 CITY-ST-ZIP SD ☐ Delete TITLE TITLE Change ☐ Addition KECK, FRED L STREET ADDRESS 2710 ASHBURY LANE STREET ADDRESS CITY-ST-7IP CANTONMENT, FL 32533 CITY-ST-7iP TITLE **Delete** TITLE ☐ Change ☐ Addition KECK, LESLEY NAME STREET ADDRESS 1421 PARKWAY DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 CITY-ST-ZIP **Change** TITLE Delete TITLE ■ Addition KECK, DANIEL W KECK, DANIEL W NAME NAME 5830 CREEK STATION DR. STREET ADDRESS 1421 PARKWAY DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 CITY-ST-ZIP YENSACOLA, FL 32504 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

empowered.

FILED