2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000005337

1. Entity Name O'KEÉFE'S JUST FOR YOU, INC.



Principal Place of Business Mailing Address

3100 CYPRESS GARDENS RD. WINTER HAVEN, FL 33884

3100 CYPRESS GARDENS RD. WINTER HAVEN, FL 33884

FILED Apr 30, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

| 03072007 No Chg-P | | CR2E034 (11/05) | | | |
|-----------------------|----------------|-----------------|-----------------------------------|--|--|
| 4. FEI Number 59-3690 | 062 | | Applied For Not Applicable | | |
| 29-3090 | 902 | | I INOLADDICADIE | | |
| 5. Certificate of | Status Desired | | \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent

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

SIGNATURE:

O'KEEFE, IRENE 3100 CYPRESS GARDENS RD. WINTER HAVEN, FL 33884

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| | | | IN THIS STAGE | | |
|------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | named entity submits this statement for the prions of registered agent. | urpose of changing its registere | d office or r | egistered agent, or be | oth, in the State of Florida. Tam familiar with, and accept |
| SIGNATURE_ | | | | | |
| | Signature, typed or printed name of registered agent and little if | applicable (NOTE Registered | Agent signature | required when reinstating) | DATE . |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finant Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | · | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'KEEFE, IRENE 1765 LAKEHILL DRIVE SE WINTER HAVEN, FL 33884 | | | 4. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ·· • | 000000749119 05/18/07-80009-017 150.00 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| indicated | on this report or supplemental report is true ar | nd accurate and that my signatu | are shall hav | e the same legal effe | 9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if |