2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000119762					FILED				
1. Entity Name KEE MTG, INC.			(ns	NOV 29 F	DIA Q. EI	-	
			[`				• •	-	
Principal Plac	e of Business	Mailing Address			SE(lt STVII	: :	
	AND WOOD BLVD		9001 HIGHLAND WOOD BLVD			سفيا بجع وفاديا	, t Wind	A	
SUITE 6 Bonita SPR	INGS, FL 34135	SUITE 6 Bonita Springs, FL 3	34135						
2 Principal P	Place of Business	3. Mailing Address							
		e. Maining Mooress	3. Walling Address			1115 111 16 11 1		UU IBBYB BUIIB IIB	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		11172005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Number				plied For
Zip Country		Zip	Country	y	30-0043			\$8.75 Add	ot Applicabl ditional
	6. Name and Address of Curr	not Posistand August	<u> </u>		<u>-</u>	of Status Desired		Fee Require	
	o. Name and Address of Curr	ent negistered Agent	Name			Address of New	negistered A	tgent	
ERPELDING, EMMETT				Street Address (P.O. Box Number is Not Acceptable)					
9001 HIGH	HLANDWOODS BLVD STEE	3	-			· ·	· · ·		
DOMIN S	PRINGS, FL 34135		-	City				Zip Code	
8. The above named entity submits this statement for the purpose of changing its r						in the Otate of F	FL	<u> </u>	
the obligat	tions of registered agent.	nt for the purpose of changing its	s registerea	office or registe	red agent, or both	i, in the State of F			and accept
SIGNATURE.	2012/14						///.	23/05	
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTI	E: Registered A	Agent signature require	d when reinstating)		/ DATE		
Am	ended AR is \$61.25	9. Election Campa Trust Fund Cont			.00 May Be				
10. OFFICERS AND DIRECTORS			11,		ADDITIONS (C	CHANGES TO OF	EICERS AND	DIRECTOR	S INI 11
TITLE	P Delete		TITLE		ADDITIONATO	ATANGES TO OF	FICERS AND	Change	Addition
NAME Street address	ERPELDING, EMMETT 9001 HIGHLANDWOOD STEE	s	NAME	ADDRESS	90	0061	7583	319	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-S1	i i	. 11/29/	'05==0106a	3003	**122	.50
TITLE	Sec tros	Delete	TITLE		***			☐ Change	Addition
NAME Street address	Karen Eppelati	not splace	NAME STREET	ADDRESS					
CITY-ST-ZIP	Kenter Springs	Note Alas Delete PL 3435	CITY-\$1	T-ZIP					
TITLE NAME	. Delete		, TITLE NAME	,			-	☐ Change	Addition
STREET ADDRESS				ADDRESS	`_	•			
CITY-ST-ZIP			CITY-ST	T-ZIP ~ ~		· -		<u> </u>	
TITLE NAME		Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS			. It	ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-ST	T-ZIP				Channe	Пип
NAME		L. Delete	NAME					☐ Change	☐ Addition
STREET ADDRESS City-St-Zip			STREET	ADDRESS					
ITTLE		☐ Delete	TITLE	1-4IY				☐ Change	Addition
NAME	-	La below	NAME					Criatige	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-ST	ADDRESS T-7/P					
12. Thereby o	l certify that the information supplied	with this filling does not qualify for	r the exemp	L otion stated in Se	ection 119.07(3)(i)	, Florida Statutes	. I further cert	ify that the ir	nformation
of the cor changed	on this report or supplemental report poration or the receiver of trustee e , or on an attachment with an add of	on is true and accurate and that ne expowered to execute this report as, with all other like empowered	ny signatur Las required L	d by Chapter 60	same legal effect 7, Florida Statutes	as if made under ; and that my nar	r oath; that I a ne appears ir	m an officer າ Block 10 or	or director Block 11 if
		, with an other like empowered.			11.	2/-	0000	2021 2	
SIGNAT		OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	R	[[12	S/05 Date	2597	ZZL da	<i>\\\</i>
					•	W Willan	ns NIIV	2 7 ZU	iii)
						EAF AAtture.	- 1101	-	