

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90197 045 ***150.00

DOCUMENT # P02000046870

1. Entity Name
JOANNE KEBECK, INC.



Principal Place of Business
2208 SE RICH ST
PORT ST LUCIE, FL 34984

Mailing Address
2208 SE RICH ST
PORT ST LUCIE, FL 34984

40063410

2. Principal Place of Business

2361 SE Corsica Rd
Suite, Apt. #, etc.

3. Mailing Address

2361 SE Corsica Rd
Suite, Apt. #, etc.

City & State
Port St Lucie FL

City & State
Port St Lucie FL

Zip
34952

Country
P-S-L

Zip
34952

Country
P-S-L

04202006 Chg-P CR2E034 (11/05)

4. FEI Number
04-3653509

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KEBECK, JOANNE
2208 SE RICH ST
PORT ST LUCIE, FL 34984

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2361 SE Corsica Rd
City Port St Lucie FL Zip Code 34952

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 *Joanne Kebeck*
Signature, typed or printed name of registered agent and fee 1 exp-code

(NOTE: Registered Agent signature required when re-registering)

4-24-06
DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME KEBECK, JOANNE
STREET ADDRESS 2208 SE RICH ST
CITY-ST-ZIP PORT ST LUCIE, FL 34984 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KEBECK, JOANNE
STREET ADDRESS 2361 SE Corsica Rd
CITY-ST-ZIP Port St Lucie, FL 34952 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE: *Joanne Kebeck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06
Date

772-979-3163
Certification Photo #