

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02Q00072074					
1. Entity Name BOB MCKEITHEN & SONS INC					
Principal Place of Business 412 CROSSWAY RD TALLAHASSEE FL 32305		Mailing Address PO BOX 910 CRAWFORDVILLE FL 32326			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite Apt #, etc.			
City & State		City & State		4. FEI Number 03-0466618	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKEITHEN, RUSSELL A 915 BLOXHAM CUTOFF RD CRAWFORDVILLE FL 32327			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKEITHEN, ROBERT A		NAME		
STREET ADDRESS	PO BOX 910		STREET ADDRESS		
CITY - ST - ZIP	CRAWFORDVILLE FL 32326		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKEITHEN, RUSSELL A		NAME		
STREET ADDRESS	915 BLOXHAM CUTOFF RD		STREET ADDRESS		
CITY - ST - ZIP	CRAWFORDVILLE FL 32327		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STORY, JAMES C		NAME		
STREET ADDRESS	10 NOAH CT.		STREET ADDRESS		
CITY - ST - ZIP	CRAWFORDVILLE FL 32327		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



MOORE CR2E034 (11/03)

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 02/12/04-80043-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 2/10/04 DAYTIME PHONE #: 800-575-3333