

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072074

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** BOB MCKEITHEN & SONS INC

**Current Principal Place of Business:**

412 CROSSWAY RD  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

412 CROSSWAY RD  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

FEI Number: 03-0466618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCKEITHEN, RUSSELL A  
915 BLOXHAM CUTOFF RD  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCKEITHEN, ROBERT A  
Address: PO BOX 910  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: V  
Name: MCKEITHEN, RUSSELL A  
Address: 915 BLOXHAM CUTOFF RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUSSELL A MCKEITHEN

V

02/15/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date