


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000132194	
1. Entity Name KEFFER MANAGEMENT CO., INC.	

Principal Place of Business 3487 EAST STATE ROAD 200 YULEE, FL 32097	Mailing Address 3487 EAST STATE ROAD 200 YULEE, FL 32097
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01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1325811	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KEFFER, III, RICHARD W 3487 EAST STATE ROAD 200 YULEE, FL 32097

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY- ST- ZIP	P KEFFER, RICHARD 2002 SUNRISE DR. FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HUNTER, BONNIE 8200 E. INDEPENDENCE BLVD. CHARLOTTE, NC 28227
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST BRYSON, JOE 8200 E. INDEPENDENCE BLVD. CHARLOTTE, NC 28227
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01/11/06-80065-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph M Bryson 1/3/06 764-563-5966