

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90007 020 ***150.00

DOCUMENT # P03000013258

1. Entity Name

CANVAS TO KEEL, INC.



Principal Place of Business

32 MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32548

Mailing Address

32 MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32548

2. Principal Place of Business

AS ABOVE

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, JEFFREY M
4507 FURLING LANE
SUITE 210
DESTIN FL 32541

Name

KEITH E MORRIS

Street Address (P.O. Box Number is Not Acceptable)

32 MIRACLE STRIP PKWY
FORT WALTON BEACH

City

FLORIDA FL 32548

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

Keith Morris 26th feb 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORRIS, KEITH
STREET ADDRESS 32 MIRACLE STRIP PARKWAY
CITY-ST-ZIP FORT WALTON BEACH FL 32548

☐ Delete

TITLE VSTD
NAME BUSH, ARDELLE
STREET ADDRESS 32 MIRACLE STRIP PARKWAY
CITY-ST-ZIP FORT WALTON BEACH FL 32548

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Keith Morris Feb 26th 2004 850 803 3265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #