


2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/13/2005-90004-015-\$150.00-\$150.00


DOCUMENT # P03000024251	
1. Entity Name KETRON, INC.	

Principal Place of Business 2646 SW MAPP RD STE 304 PALM CITY, FL 34990	Mailing Address 2646 SW MAPP RD STE 304 PALM CITY, FL 34990
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DO NOT WRITE IN THIS SPACE

2005 JUN 27 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01292005 No Chg-P CR2E034 (10/03)

4. FEI Number 68-0547346	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HANSEN, LLOYD G
2646 SW MAPP RD STE 304
PALM CITY, FL 34990

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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP HANSEN, LLOYD G 2646 SW MAPP RD STE 304 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD ETHRIDGE, JIM D 2646 SW MAPP RD STE 304 PALM CITY, FL 34990
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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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: [Signature] Date: 4/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/05