

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084237

FILED
Jul 27, 2005
Secretary of State

Entity Name: KETTA'S KARING SERVICES, INC.

Current Principal Place of Business:

12266 NE 25TH AVE.
ANTHONY, FL 32617 US

New Principal Place of Business:

5871 NW 55TH CT
OCALA, FL 34482 US

Current Mailing Address:

12266 NE 25TH AVE.
ANTHONY, FL 32617 US

New Mailing Address:

5871 NW 55TH CT
OCALA, FL 34482 US

FEI Number: 14-1891970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROOKS, SHAKETTA M
12266 NE 25TH AVE.
ANTHONY, FL 32617 US

Name and Address of New Registered Agent:

BROOKS, SHAKETTA M
5871 NW 55TH CT
OCALA, FL 34482 US

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: SHAKETTA M BROOKS

07/27/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROOKS, SHAKETTA M
Address: 12266 NE 25TH AVE.
City-St-Zip: ANTHONY, FL 32617 US

Title: TR () Delete
Name: BROOKS, SHAKETTA M
Address: 12266 NE 25TH AVE.
City-St-Zip: ANTHONY, FL 32617 US

Title: SEC (X) Delete
Name: BROOKS, SHAKETTA M
Address: 12266 NE 25TH AVE.
City-St-Zip: ANTONY, FL 32617 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROOKS, SHAKETTA M
Address: 5871 NW 55TH CT
City-St-Zip: OCALA, FL 34482 US

Title: SEC (X) Change () Addition
Name: BROOKS, SHAKETTA M
Address: 5871 NW 55TH CT
City-St-Zip: OCALA, FL 34482 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHAKETTA M BROOKS

P

07/27/2005

Electronic Signature of Signing Officer or Director

Date