## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## DOCUMENT # P03000121634-FILED RICHARD KELLER CONSTRUCTION, INC. 09 HAR 17 PM 1: 26 Principal Place of Business Mailing Address SECRETARY OF STATE MILLAHASSEE FLORIDA 3936 SW SAN CLEMENTE CT. 3936 SW SAN CLEMENTE CT. PALM CITY, FL 34990 PALM CITY, FL 34990 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 12182008 Chg-P City & State City & State 4. FEI Number Applied For 30-0221381 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLER, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 3936 SW SAN CLEMENTE CT. PALM CITY, FL 34990 Zip Code City 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 reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PSD** TITLE ■ Addition TITLE Delete KELLER, RICHARD W NAME NAME STREET ADDRESS 3936 SW SAN CLEMENTE CT. STREET ADDRESS PALM CITY, FL 34990 CITY-ST-ZIP CITY-ST-ZIP v bsg v Delete TITLE Change noilibbA 🔀 TITLE Keller Robert . P. NAME NAME 3936 swsan Chemente ch STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Palmayz Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME 03/17/09--01002--008 \*\*80.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.