2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000148687 1. Entity Name KEITH HYATT, INC.								FILED 06 JUL 12 AM 9: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business				Mailing Address					TALLAHASS	TOF SI	LATE		
11695 HWY. 60 E.				11695 HWY. 60 E.						ac. Fte	JRIDA		
LAKE WALES, FL 33898				LAKE WALES, FL 33898									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				05302006	Chg-P	CR2E03	34 (11/05)		
City & State				City & State				4. FEI Numb 20-048				plied For t Applicable	
Zip	Zip Country			Zip Coun		try	5. Certificate		of Status Desired		8.75 Add		
6. Name and Address of Current F				tegistered Agent			7. Name and Address of New Registered Agent						
HYATT, AMY D						Name							
11695 STATE RD 60, E							Street Address (P.O. Box Number is Not Acceptable)						
LAKE WALES, FL 33898													
						City				FL	Zip Code	9	
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 Signature, typed or orinted name of registrored agant and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE													
Amended AR is \$61.25 9. Election Campaign Fi Trust Fund Contribution						ncing	\$5. Adde	00 May Be ed to Fees				ļ	
10. OFFICERS AND				DIRECTORS 11.				ADDITIONS	I /CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
IIILE PD NAME HYATT, KEITH E				☐ Delete TITLE NAME							☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	11695 HW			SIRE CITY				了# 07/19	DDロアア7 9/0601058	7363 013	367 **61.;	25	
TITLE	S			☐ Delete	TITLE		STI	2			Change	Addition	
NAME STREET ADDRESS	HYATT, AMY DRESS 11695 HWY. 60 E.				ET ADDRESS								
CITY-SI-ZIP	LAKE WALES, FL 33898				CITY	-S1-ZIP							
TETLE NAME		Idal	1	Delete	JITLE MAN		VP	ı, Dəniel			Change	Addition	
STREET ADDRESS CITY-ST-ZIP	SIRI					ET ADDRESS -ST-ZIP	1109	5 Hwy	60 E FL 33898				
TITLE		1 '		☐ Delete	ITLE	1			1 - 770.0		☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM Stre	et address							
CITY-ST-ZIP						-\$1-ZIP							
TITLE NAME				☐ Delete	TITLE						☐ Change	Addition	
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CITY-ST-ZIP					CITY	-ST-ZIP					~ 		
TITLE NAME				☐ Delete	HTLE NAM	i					Change	Addition	
STREET ADDRESS					ET ADDRESS								
CITY - ST - ZIP				20.		·SI-ZIP							
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 DESCRIPTION AME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND DESCRIPTION AME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date												×599	