


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90308 048 ***150.00

DOCUMENT # P04000014077			
1. Entity Name JOHN KEBECK, INC			
Principal Place of Business 15632 100 TH LANE N WEST PALM BEACH, FL 33412 US		Mailing Address 15632 100 TH LANE N WEST PALM BEACH, FL 33412 US	
2. Principal Place of Business 426 SW Breckenridge Ln		3. Mailing Address P.O. Box 218	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort White, FL		City & State Fort White, FL	
Zip 32038		Zip 32038	
Country US		Country US	
4. FEI Number 20-0610580		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEBECK, JOHN S 15632 100TH LANE NORTH WEST PALM BEACH, FL 33412		7. Name and Address of New Registered Agent Name: <u>Kebeck, John S.</u> Street Address (P.O. Box Number is Not Acceptable): <u>426 SW Breckenridge Lane</u> City: <u>Fort White</u> FL Zip Code: <u>32038</u>	
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>John Kebeck</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE: <u>4/10/06</u>		DATE: <u>4/10/06</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES KEBECK, JOHN S 15632 100TH LANE NORTH WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES Kebeck, John S. PO Box 218 Fort White, FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>4/10/06</u>	
DAYTIME PHONE: <u>386-483-0269</u>		DAYTIME PHONE:	