
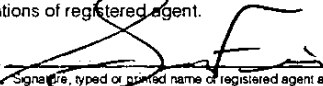



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90033 033 ***150.00

DOCUMENT # P04000075295 1. Entity Name KEATON BEACH BAR, INC.			
Principal Place of Business 16260 BEACH RD PERRY FL 32348		Mailing Address 480 NE 303RD AVE OLD TOWN FL 32680	
2. Principal Place of Business 16260 Beach Rd Suite, Apt. #, etc.		3. Mailing Address 480 NE 303 AVE Suite, Apt. #, etc.	
City & State Perry Fla		City & State Old Town FL	
Zip 32348	Country USA	Zip 32680	Country USA
6. Name and Address of Current Registered Agent LANDER, JOSEPH T 109 BARBER AVE. CROSS CITY FL 32628		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 2/14/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 P	NAME FINK, SUSAN	<input type="checkbox"/> Delete	
STREET ADDRESS 480 NE 303 AVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP OLD TOWN FL 32680	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 2/15/05 352 542 9918 <small>Daytime Phone #</small>	

20012018



1st MOORE CR2E034 (10/04)