FILED Apr 25, 2005 8:00 am Secretary of State 04-25-2005 90262 008 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI										04-25-2005 9	<i>9</i> 0262 00)8 ***150.	.00
DOCUMENT # P04000172441 1. Entity Name KEET MANAGEMENT COMPANY													
Principal Place	of Busines	s		Mailing	g Address								
1171 MARY K	(ATE DR		1171 MARY KATE DR						20041	CAD			
GULF BREEZE	E, FL 3256		GULF BREEZE, FL 32563					20045942					
										Bije bisai bsiji ssiji bsj	Di fizil tanın il		FEL II JEST
2. Principal Pl	ace of Busin	ness		3. Mail	ling Address			-					
HOL G		PKWY	P.O. BOX 837					1 9 1 1 1 1 1 1 1 1	AIG BIBII BBIIL BBILL BBI		## # #################################		
Suite, Apt.	#, etc		Suite, Apt. #, etc.					04062005	Cha-P	CDSEC	34 (10/03)		
Suite	<u>. 30°</u>									Onec	· · · ·		
GULF BREEZE, FL				Gulf Breeze, FL				4	I. FEI Number	590292	>	J	plied For
Zip	DKEE	Country	<u> </u>	Zip	LIT DIES	Coun	itry					\$8.75 Add	t Applicable
32561		USA			2-0837		ÚSA	5	i. Certificate o	f Status Desired		Fee Required	
	6. Name	Registere	Registered Agent			7	7. Name and Address of New Registered Agent						
CUELL OF	COUCNI	В					Name						1
SHELL, STEPHEN B 226 PALAFOX PLACE Street								ress (P.C). Box Number	is Not Acceptable	∍)		
9TH FLOO		U L											
PENSACO	LA, FL 3	2502											
							City				FI	Zip Code	3
8. The above	named enti	tv submits this	statement fo	or the purp	oose of changing its	register	ed office or red	enistered	agent or both	in the State of Flu		-	and accept
		stered agent.	/ A	or the purp	ooo or arianging it.	rogiotoi	ou omee or reg	gistored	agent, or pot	, ar the State Of F	onda. Fam	Tallimal With,	and accept
CIONATURE		N	14 -										 ∤
SIGNATURE_	Signature, type	d or printed name of	registered agent	and title if app	plicable. (NO	E: Registere	ed Agent signature re	required who	en reinstating)		DATE		
						•			1				
		! FEE IS \$ 15 Fee will			Election Campa Trust Fund Con	-			May Be to Fees				
10.		OF	FICERS AND	DIRECTO	DRS	11.			ADDITIONS/0	CHANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11
TITLE	D			•	☐ Delete	TITL	E					☐ Change	☐ Addition
NAME	1	AMES H III	_			NAM							
STREET ADDRESS CITY-ST-ZIP		RY KATE D					EET ADDRESS						
	D GULF Br	REEZE, FL	32363				r-ST-ZIP					P***	
NAME	t	IARGARET (1		☐ Delete	TITE	}					Change	☐ Addition
STREET ADDRESS		RY KATE D					EET ADDRESS						
CITY-ST-ZIP	1	REEZE, FL					Y-ST-ZIP						
TITLE					☐ Delete	TITL	.E					☐ Change	Addition
NAME					55.00	NAM	I .						
STREET ADDRESS							EET ADDRESS						
CITY-ST-ZIP						CIT	Y-ST-ZIP						
TITLE					☐ Delete	វេវា	1					Change	☐ Addition
NAME CTREET ADDRESS						NA)							
STREET ADDRESS CITY-ST-ZIP							EET ADDRESS Y-ST-ZIP						
TITLE					☐ Delete	TITI						☐ Change	Addition
NAME					L_1 Detate	. NAA	I					E_1 Griange	Addition
STREET ADDRESS							REET ADDRESS						
CITY-ST-ZIP						CIT	Y-ST-ZIP						
TITLE					☐ Delete	TIT	LE		-			☐ Change	☐ Addition
NAME						NAI	I .				•		
STREET ADDRESS							REET ADDRESS						
CITY-ST-ZIP	1						Y-ST-ZIP						
12. I hereby indicated	certify that to do not this rep	the information ort or supplen	supplied wit rental report i	th this filing is true and	g does not qualify for accurate and that	or the ex	emption stated	d in Sective the sai	ion 119.07(3)(i me legal elfec), Florida Statutes. Las if made under	I further co	ertify that the in	nformation or director
of the co	rporation or	the receiver of	r trustee emp	powered to	execute this report ther like empowere	rt as requ	ired by Chapte	ter 607, F	Florida Statute	s; and that my nan	ne appears	in Block 10 o	Block 11 if
Silangea	., ., ., .,		7	17	and ompower				,/				
SIGNAT	TURE:		(me)	110	usu					-18-2005	<u>85</u> 0	<u>-916-3</u>	1566
1		SIGNATURI	AND TYPED OF	PRINTED NA	ME OF SIGNING OFFICE	R OR DIREC	CTOR			Date		Daytime Phone #	