

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90262 008 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000172441

1. Entity Name
KEET MANAGEMENT COMPANY



Principal Place of Business
1171 MARY KATE DR
GULF BREEZE, FL 32563

Mailing Address
1171 MARY KATE DR
GULF BREEZE, FL 32563

20045942



2. Principal Place of Business

1101 GULF BREEZE PKWY

3. Mailing Address

P.O. Box 837

Suite, Apt. #, etc.

Suite 307

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

Zip

32562-0837

Country

USA

04062005

Chg-P

CR2E034 (10/03)

4. FEI Number

71-DS90298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELL, STEPHEN B
226 PALAFOX PLACE
9TH FLOOR
PENSACOLA, FL 32502

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KEET, JAMES H III
1171 MARY KATE DR
GULF BREEZE, FL 32563 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KEET, MARGARET O
1171 MARY KATE DR
GULF BREEZE, FL 32563 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Delete

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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-2005 850-916-3566