


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90050 032 \*\*\*150.00

**DOCUMENT # P05000131663**

1. Entity Name  
**KEZER CORPORATION**



Principal Place of Business      Mailing Address  
**105 S. RIVERSIDE DR.**      **105 S. RIVERSIDE DR.**  
**SUITE 200**      **SUITE 200**  
**INDIALANTIC, FL 32903 US**      **INDIALANTIC, FL 32903 US**

**40097543**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**807 S. Miramar Av**      **807 S. Miramar Av**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01102007      Chg-P      CR2E034 (12/06)

City & State      City & State  
**Indialantic FL**      **Indialantic FL**  
 Zip      Country      Zip      Country  
**32903**      **USA**      **32903**      **USA**

4. FEI Number      Applied For  
**56-2557901**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KEZER, BRYAN D**  
**506 AVENUE B**  
**MELBOURNE BEACH, FL 32951**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**290 Carissa Drive**  
 City      State      Zip Code  
**Satellite Beach FL 32937**

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: **Bryan D. Kezer**      DATE: **4-27-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$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	<b>PRES</b> <b>KEZER, BRYAN D</b> <b>506 AVENUE B</b> <b>MELBOURNE BEACH, FL 32951</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES</b> <b>KEZER, ELIZABETH</b> <b>506 AVENUE B</b> <b>MELBOURNE BEACH, FL 32951</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>STRUMOLO, HEATHER M</b> <b>5479 BANNOCK ST.</b> <b>MICCO, FL 32976</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Bryan D. Kezer**      DATE: **4-27-07**      DAYTIME PHONE #: **321-729-0809**  
Signature and typed or printed name of signing officer or director.