

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90027 040 ***150.00

DOCUMENT # P06000093261					
1. Entity Name STEPHEN L. KEPLER, P.A.					
Principal Place of Business 110 HAVEN BEACH DRIVE #2 INDIAN ROCKS BEACH, FL 33785 US			Mailing Address 110 HAVEN BEACH DRIVE #2 INDIAN ROCKS BEACH, FL 33785 US		
2. Principal Place of Business - No P.O. Box # 541 20th Ave		3. Mailing Address 541 20th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05092007 Chg-P CR2E034 (12/06)	
City & State Indian Rocks Beach, FL		City & State Indian Rocks Beach, FL		4. FEI Number 20-5197455	
Zip Country 33785 US		Zip Country 33785 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEPLER, STEPHEN L 110 HAVEN BEACH DRIVE #2 INDIAN ROCKS BEACH, FL 33785			7. Name and Address of New Registered Agent Name: <u>Kepler, Stephen</u> Street Address (P.O. Box Number is Not Acceptable): <u>541 20th Ave</u> City: <u>Indian Rocks Beach</u> FL Zip Code: <u>33785</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> (NOTE: Registered Agent signature required when completing) DATE:					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEPLER, STEPHEN L 110 HAVEN BEACH DRIVE, #2 INDIAN ROCKS BEACH, FL 33785	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kepler, Stephen 541 20th Ave Indian Rocks Beach FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 information empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					