

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000107727**

1. Entity Name  
**INVESTORS AND DEVELOPERS SERVICES, INC.**



Principal Place of Business  
**2660 SOUTH OCEAN BLVD., #304N  
PALM BEACH, FL 33480**

Mailing Address  
**2660 SOUTH OCEAN BLVD., #304N  
PALM BEACH, FL 33480**



02112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**PARACORP INCORPORATED  
236 E. 6TH AVE.  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000831423  
02/27/08-80018-011 138.75

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KEATS, ROBERT M
STREET ADDRESS	2660 SOUTH OCEAN BLVD., #304N
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VSTD
NAME	KEATS, KAREN H
STREET ADDRESS	2660 SOUTH OCEAN BLVD., #304N
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	V
NAME	KEATS, GREGORY A
STREET ADDRESS	2660 SOUTH OCEAN BLVD., #304N
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	AS
NAME	WERTHEIMER, MARC
STREET ADDRESS	2660 SOUTH OCEAN BLVD., #304N
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	AS
NAME	PERKINS, BETH
STREET ADDRESS	2660 SOUTH OCEAN BLVD., #304N
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *John Michael Kealy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/12/08*  
Date

*301-469-3870*  
Daytime Phone #