
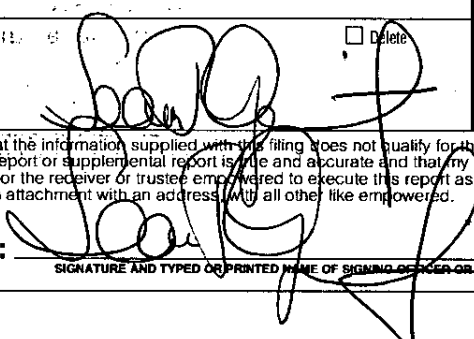


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90021 022 ***150.00

DOCUMENT # P92000004364 1. Entity Name KEPASE DEVELOPMENT COMPANY, INC.					
Principal Place of Business 3399 GULFSHORE BLVD NORTH APT. 307 NAPLES, FL 33904			Mailing Address 14 NEW ROAD MADISON, CT 06443 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0379274	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRITY, PAUL G 3399 GULFSHORE BLVD NORTH APT. 307 NAPLES, FL 33904				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY JR., PAUL G.		NAME	Garrity Jr., Paul G.	
STREET ADDRESS	3399 GULFSHORE BLVD NORTH		STREET ADDRESS	10 Spinnaker Lane	
CITY-ST-ZIP	NAPLES, FL 33904		CITY-ST-ZIP	Essex CT 06426	
TITLE	C	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY SR., PAUL G.		NAME	Garrity Sr., Paul G.	
STREET ADDRESS	72 WICKFORD PLACE		STREET ADDRESS	3399 Gulfshore Blvd North	
CITY-ST-ZIP	MADISON, CT 06443		CITY-ST-ZIP	Naples FL 33904	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAN R GARRITY		NAME		
STREET ADDRESS	40 NEPTUNE DR		STREET ADDRESS		
CITY-ST-ZIP	MADISON, CT		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY, KEVIN S.		NAME		
STREET ADDRESS	72 WICKFORD PLACE		STREET ADDRESS		
CITY-ST-ZIP	MADISON, CT 06443		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			1/28/05 (203) 245-8383		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		