

**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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01242005 Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0379274

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | T                         | <input type="checkbox"/> Delete |
| NAME           | GARRITY JR., PAUL G.      |                                 |
| STREET ADDRESS | 3399 GULFSHORE BLVD NORTH |                                 |
| CITY-ST-ZIP    | NAPLES, FL 33904          |                                 |
| TITLE          | C                         | <input type="checkbox"/> Delete |
| NAME           | GARRITY SR., PAUL G.      |                                 |
| STREET ADDRESS | 72 WICKFORD PLACE         |                                 |
| CITY-ST-ZIP    | MADISON, CT 06443         |                                 |
| TITLE          | T                         | <input type="checkbox"/> Delete |
| NAME           | SEAN R GARRITY            |                                 |
| STREET ADDRESS | 40 NEPTUNE DR             |                                 |
| CITY-ST-ZIP    | MADISON, CT               |                                 |
| TITLE          | P                         | <input type="checkbox"/> Delete |
| NAME           | GARRITY, KEVIN S.         |                                 |
| STREET ADDRESS | 72 WICKFORD PLACE         |                                 |
| CITY-ST-ZIP    | MADISON, CT 06443         |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | T                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Garrity Jr., Paul G.      |  |
| STREET ADDRESS | 10 Spinnaker Lane         |  |
| CITY-ST-ZIP    | Essex CT 06426            |  |
| TITLE          | C                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Garrity Sr., Paul G.      |  |
| STREET ADDRESS | 3399 Gulfshore Blvd North |  |
| CITY-ST-ZIP    | Naples FL 33904           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05 (203) 245-8383  
Date Daytime Phone #