


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000004364**  
 1. Entity Name  
**KEPASE DEVELOPMENT COMPANY, INC.**



Principal Place of Business      Mailing Address  
**3399 GULFSHORE BLVD NORTH**      **14 NEW ROAD**  
**APT. 307**      **MADISON, CT 06443 US**  
**NAPLES, FL 33904**

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0379274</b>	Applied For Not Applicable
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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**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

U00000661877  
 03/20/07-80060-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRITY JR., PAUL G. 10 SPINNAKER LANE ESSEX, CT 06426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GARRITY SR., PAUL G. 3399 GULFSHORE BLVD NORTH CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEAN R GARRITY 40 NEPTUNE DR MADISON, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRITY, KEVIN S. 72 WICKFORD PLACE MADISON, CT 06443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** \_\_\_\_\_ **03/06/07** **(203)245-8383**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #