

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 08:00 AM
Secretary of State

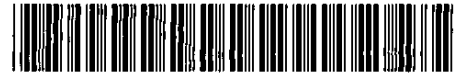
DOCUMENT # P94000048613



1. Entity Name
KEDGER, INC.

Principal Place of Business
**POST OFFICE BOX 382
HORSESHOE BEACH FL 32648**

Mailing Address
**POST OFFICE BOX 382
HORSESHOE BEACH FL 32648**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3247279**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHERRILL, JOHN
1ST STREET EAST
HORSESHOE BEACH FL 32648**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SHERRILL, JOHN	
STREET ADDRESS	1ST STREET EAST	
CITY-STATE-ZIP	HORSESHOE BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARRELL, RAYMOND	
STREET ADDRESS	HYW. 351	
CITY-STATE-ZIP	HORSESHOE BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BUTLER, JAMES JR.	
STREET ADDRESS	3RD STREET WEST	
CITY-STATE-ZIP	HORSESHOE BEACH FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-STATE-ZIP		

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02/23/07-80023-012 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPE, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-07