

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90006 044 ***150.00

DOCUMENT # P95000020438

1. Entity Name
KEITH EMMETT, INC.



Principal Place of Business
**722 U.S. 27 SOUTH
LAKE PLACID, FL 33852 US**

Mailing Address
**722 U.S. 27 SOUTH
LAKE PLACID, FL 33852 US**

3000000000



01082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0569278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**EMMETT, KEITH
3817 GAINES DRIVE
WINTER HAVEN, FL 33884**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VSTP
NAME	EMMETT, KEITH
STREET ADDRESS	3817 GAINES DRIVE
CITY- ST- ZIP	WINTER HAVEN, FL 33884

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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 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

D. KEITH EMMETT 1-13-05 863 465-8101

Date

Daytime Phone #