2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000038151

1. Entity Name
JOHN KEELER & CO. INC.

Principal Place of Business	Mailing Address
3000 NW 109TH AVE MIAMI, FL 33172	3000 NW 109TH AVE MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE
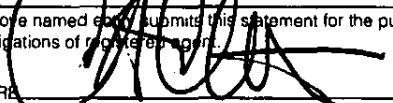
02152008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0580744	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

KEELER, JOHN
3000 NW 109TH AVE
MIAMI, FL 33172

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
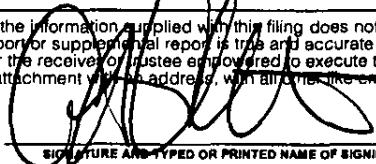
FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	KEELER, JOHN	
STREET ADDRESS	13010 MAR ST.	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	D	
NAME	KEELER, MARIA F	
STREET ADDRESS	13010 MAR ST.	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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04/02/08-80052-010 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #