



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # P96000000266<br>1. Entity Name<br><b>KEIFER ENGINEERING, INC.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>1200 MAYPORT RD<br/>         ATLANTIC BEACH, FL 32233 US</b> | Mailing Address<br><b>1200 MAYPORT RD<br/>         ATLANTIC BEACH, FL 32233 US</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**

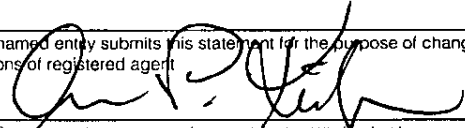
|  |                                       |
|--|---------------------------------------|
|  |                                       |
| 01042007   | No Chg-P                              |
| CR2E034 (11/05)  |                                       |
| 4. FEI Number<br><b>59-3355637</b>   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**KEIFER, ORION PE  
 1200 MAYPORT RD  
 ATLANTIC BEACH, FL 32233**

**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  \_\_\_\_\_ 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, 2007 Fee will be \$550.00**

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

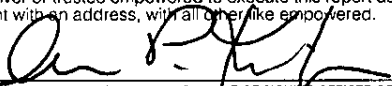
**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>KEIFER, ORION P<br>105 RITA RAE LN<br>JACKSONVILLE, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>KEIFER, PATRICIA A.<br>105 RITA RAE LANE<br>JACKSONVILLE, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_