

**2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90013 028 ***150.00

DOCUMENT # P96000005748
1. Entity Name
KEEM COMPANY

2. Principal Place of Business 802 ANCHOR RODE DRIVE Suite, Apt. #, etc.	3. Mailing Address 802 ANCHOR RODE DRIVE Suite, Apt. #, etc.
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City & State NAPLES, FL	City & State NAPLES FL
Zip 34103	Country

4. FEI Number 65-0634598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name NOVATT, JEFF M ESQ
Street Address (P.O. Box Number is Not Acceptable) 821 FIFTH AVENUE SOUTH
SUITE 201
City NAPLES
FL
Zip Code 34102

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

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9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD WILEMAN, LESLIE M 3333 N STREET NW No 7 WASHINGTON DC 20007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Leslie M Wileman
LESLIE M WILEMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #