

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000009572

1. Entity Name
KE'E, INC.



Principal Place of Business
17940 NORTH MILITARY TRAIL
BOCA RATON, FL 33496 US

Mailing Address
13700 BLUE FOX PL
PALM BEACH GARDENS, FL 33418 US

FILED
05 MAY 26 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05172005 Chg-P CR2E034 (10/03)

4. FEI Number

65-0782834

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

TAUBE, JAMES K
1075 AIA NORTH
JUPITER, FL 33477

Name
DEBORAH TAUBE

Street Address (P.O. Box Number is Not Acceptable)

13700 BLUE FOX PLACE

PALM BEACH GARDENS FL 33418

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

James K. Taube

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100055984451
05/09/05--01071--012 **70.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME TAUBE, JAMES K
STREET ADDRESS 1075 AIA NORTH
CITY-ST-ZIP JUPITER, FL 33477 ☐ Delete

TITLE DIRECTOR PRESIDENT ☒ Change ☐ Addition
NAME 13700 BLUE FOX PLACE
STREET ADDRESS PALM BEACH GARDENS, FL 33418
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY / TREASURER ☒ Change ☐ Addition
NAME 9 DIRECTOR
STREET ADDRESS DEBORAH TAUBE
CITY-ST-ZIP 13700 BLUE FOX PLACE
PALM BEACH GARDENS, FL. 33418

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

James K. Taube

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-05

Date

624-0225

Daytime Phone #