

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000041026

1. Entity Name
KEYES AND ASSOCIATES, INC.



Principal Place of Business
1405 S. FEDERAL HIGHWAY
#158
DELRAY BEACH, FL 33483 US

Mailing Address
86 MACFARLANE DRIVE
7F
DELRAY BEACH, FL 33483 US

**FILED
May 04, 2007 08:00 A
Secretary of State**



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3390207	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEYES, KASSY
86 MACFARLANE DRIVE
7F
DELRAY BEACH, FL 33483

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KEYES, KASSY
STREET ADDRESS 86 MACFARLANE DRIVE, 7F
CITY-ST-ZIP DELRAY BEACH, FL 33483

U00000760517
05/25/07-80015-008 150.00

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 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

51-07

Date

Daytime Phone #