

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000050337

1. Entity Name

J. KEATING CUSTOM HOMES, INC.



Principal Place of Business

11035 RANDOLPH SIDING ROAD
JUPITER, FL 33478

Mailing Address

11035 RANDOLPH SIDING ROAD
JUPITER, FL 33478



01052006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0697155

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEATING, CAROL
11035 RANDOLPH SIDING ROAD
JUPITER, FL 33478

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME KEATING, JEFFREY S
STREET ADDRESS 11035 RANDOLPH SIDING ROAD
CITY-ST-ZIP JUPITER, FL 33478

TITLE VP
NAME KEATING, CAROL E
STREET ADDRESS 11035 RANDOLPH SIDING ROAD
CITY-ST-ZIP JUPITER, FL 33478

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U00000396090
01/27/06-80018-013 158.75

**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

Date

Daytime Phone #

1-19-06 561-262 7033