PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000067377

KELLER HOME, INC.

Principal Place of Business	Mailing Address
4511 NEPTUNE ROAD	4511 NEPTUNE ROAD
ST. CLOUD FL 34769	ST. CLOUD FL 34769

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90095 020 ***158.75



ST. CLOUD FL		ST. CLOUD FL 34769		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				08/01/1997	Ì
2 D : :) DI	of Dunings	2a. Mailing Address		4. FEI Number	Applied For
—	ace of Business	— ·		59-3462256	Not Applicable
21		Suite, Apt. #, etc.		39-3402230	\$8.75 Additional
Suite, Apt.	•			5. Certificate of Status Desired	Fee Required
22 ·	<u></u>	City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
City & State	•	⊢ ' '		Trust Fund Contribution	Added to Fees
23	Country	28	Country	8. This corporation owes the current year in	
Zip	´	29 30	- -)	Personal Property Tax.	☐ Yes ☑√√o
24	9. Name and Address of Current	11 1	"	10. Name and Address of New Registered	Agent
	5. Name and Address of Current	Registered Agent	81 Name 10 /	10100 C 00101	Allh
DAR	ELLANO, BRENDA G		[] [[b]	KUNUA G. PAGELL	UNTL
	NEPTUNE ROAD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	CINCLE
	CLOUD FL 34769		83	INR MOOD HEAD	CIII(V-0
31. (ULUUD FL 34/09		63	•	
			. 84 City	CISTMMET FI	85 Zip Code 1/2
			· •	1000	- 34-143
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose of	f changing its registered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida, Such change was autr ions of, Section 607,0505, Florid	nonzeo by the corporational statutes.	on's board of directors. I hereby accept the appo	municini da registerea
-	minima way and beespe we say				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	, Pabellano, Rollen		1.2 NAME		
STREET ADDRESS	2798 WOODSTREAM CIR.	•	1.3 STREET ADDRESS		
	KISSIMMEE FL 34743		1.4 CITY-ST-ZIP		}
CITY-ST-ZIP TITLE		□ DELETE	2.1 TITLE		☐ Change ☐ Addition
	VP PARELLAND PRENDA		2.2 NAME		
NAME	PABELLANO, BRENDA				
STREET ADDRESS	2798 WOODSTREAM CIR.		2.3 STREET ADDRESS	المعادية المحمل بهدا	
CITY-ST-ZIP 1	KISSIMMEE FL 34743	T OF LETT	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		□ Onlarige □ Macilion
NAME	•		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		ł
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		İ
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY+ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
			6.2 NAME	·	-
NAME	SOUNDAMENT CONTRACT		6.3 STREET ADDRESS		}
			1,	•	
CITY-ST-ZIP	ESIX a Chr.	e alice este a	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes, I further ce	utifu that the information
14 baroby	sortify that the information cumplied wit	n this tiling dose not qualify for t	ne eyempilon sisied in :	Section Traduction Florida Statutes. I futiner ce	may mat the information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SKATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

<u>6. PABELLAND</u>

9 407-892-229 Daytime Phone #

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