

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED E97000101301

07 MAR 12 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

90063300



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0808447 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P97000101301

1. Entity Name  
KEITH & BALLBE' INVESTMENTS, INC.



Principal Place of Business  
PO BOX 1017  
BOYNTON BEACH, FL 33425

Mailing Address  
PO BOX 1017  
BOYNTON BEACH, FL 33425

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEITH, JONATHAN W  
641 SHORE DR  
BOYNTON BEACH, FL 33435

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 remitting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KEITH, JONATHAN WAYNE
STREET ADDRESS	641 SHORE DR
CITY-STATE-ZIP	BOYTON BCH, FL 33345
TITLE	VPTD
NAME	BALLIBE, CARLOS JOSE
STREET ADDRESS	4401 WEST TRADEWINDS AVE SUITE 201
CITY-STATE-ZIP	LAUDERDALE BY THE SEA, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

02/26/07 90305 044 -  
\$150.00

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 NAME OF SIGNING OFFICER OR DIRECTOR

2/21/07

Date

954.914.8107

Daytime Phone