

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000048303**



1. Entity Name  
**KEECH/PICHARDO, INC.**

Principal Place of Business

6625 55TH STREET  
 110 & 120  
 ST PETE, FL 33781

Mailing Address

P.O BOX 20043  
 SAINT PETERSBURG, FL 33742-0043



03292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3517579

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required.

6. Name and Address of Current Registered Agent

MCCAIN, CARTER B ESQ  
 2300 PARK TOWER  
 400 NORTH TAMPA STREET  
 TAMPA, FL 33602

**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 \$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	P
NAME	KEECH, RANDALL
STREET ADDRESS	1002 ROYAL PASS RD
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	S
NAME	KEECH, ROY E
STREET ADDRESS	3839 LAKESHORE DR.
CITY-ST-ZIP	HOLLAND, MI 49424
TITLE	VP
NAME	PICHARDO, RAINIER
STREET ADDRESS	8237 GREENLEAF CIRCLE
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000693319  
 04/16/07-80036-003 150.00

**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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ray E Keech* 3/29/07

Date

Daytime Phone #

616-399-5953