

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90303 044 \*\*\*150.00

**DOCUMENT # P98000055624**

1. Entity Name  
**KEEFEE ENTERPRISES, INC.**



Principal Place of Business  
**5492 CHAMBERS WAY  
JACKSONVILLE, FL 32257**

Mailing Address  
**5918 BAHAMA SHORES DR. S.  
ST PETERSBURG, FL 33705**

2. Principal Place of Business  
**14485 Lake Jessup Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 530866**  
Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**  
Zip  
**32258**  
Country  
**USA**

City & State  
**St. Petersburg, FL**  
Zip  
**33747**  
Country  
**USA**

04292006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3543555**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BENTON, P. J.  
5918 BAHAMA SHORES DR. S.  
ST PETERSBURG, FL 33705**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (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 **D** ☐ Delete  
NAME **BENTON, P J**  
STREET ADDRESS **POST OFFICE BOX 19707**  
CITY-ST-ZIP **CHARLOTTE, NC 28219**

TITLE **P** ☐ Delete  
NAME **JOHNSON, KEITH A**  
STREET ADDRESS **5492 CHAMBERS WAY**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Keith A. Johnson**  
STREET ADDRESS **14485 Lake Jessup Drive**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *P. J. Benton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/06 (704) 426-1001*  
Date Daytime Phone #