2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 08:00 AM

DOCUMENT # P98000088541 1. Entity Name KEEPWRAPS, INC.								Secreta	ary of	State	e
Principal Place of Business Mailing Address 14770 SOARING EAGLE COURT 14770 SOARING EAGLE COURT FT. MYERS, FL 33912 US FT. MYERS, FL 33912 US								-		•	-
Principal Place of Business						7					
Suite, Apr. #, etc.				Suite, Apt. #, etc.			-				(84) II (34)
City & State				City & State			03082004 4. FEI Numb	Chg-P	CR2E034		plied For
					· · · · · · · · · · · · · · · · · · ·	65-088			No	t Applicable	
Zip	Country			Zip Coun		ntry	5. Certificate	of Status Desired		8.75 Add e Require	
Name and Address of Current Registered Agent						Name	7. Name and	Address of New R	egistered Ag	ent	
SCHECHT, NEIL S 2909 W. BAY TO BAY BLVD						Street Address	(P.Q. Box Numb	er is Not Acceptable	1)		
PENTHOUSE TAMPA, FL 33629											:
TAMPA, PL 33629						City			FL	Zip Code	3
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 Rorida. I am familiar with, and accept											
the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and tide it applicable (NOTE Registered Agent algorithms reinstating) DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	DDOT	ÒFFICERS	AND DIRE		11. ISL		ADDITIONS	CHANGES TO OFFI		- 11	
TITLE NAME	DPST MOSHER, BOB					E E		1400000		Change	Addition
STREET ADDRESS 14770 SOARING EAGLE COURT CITY-ST-JIP FT. MYERS, FL 33912					ET ADDRESS -57-2/P	U00000124465 04/22/04-80046-018 150.00					
DILE				☐ Delete	180					Change	Addition
name Street address					NAM SIRI	ET ADDRESS					
CITY-ST-ZIP		1. A. M.	_			-ST-ZIP				7.05	T totalista
TITLE NAME				☐ Delete	TITL NAM	į.			i.	Change	Addition
STREET ADDRESS CITY ST-24P						ET ADDRESS -ST-ZIP					
HIE			_	☐ Defete	TIEL			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
HAME Street Adoress					NAM Stra	ET ADDRESS					
CHY-SI-ZIP TIFLE		<u> </u>		Florid	_	-ST-ZIP	 			Change	2 Addison
NAME				☐ Delete	III. NAN	E			Į.	Change	Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -SI-ZIP					
HILE				☐ Delete	3171.	l	<u> </u>			Change	Addition
NAME STREET ADDRESS						EET ADDRESS					i
CITY-ST-ZIP	certify that th	e information synolier	aich dhiu F	filing does not qualify to		-ST-ZIP	ection 119 07(3)	(iii) Borida Statutes I	further certify	, that the in	Normation
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Wheth Man 4/19/04 239-839-9391 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Door Daylong Prions *											