


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000032138 1. Entity Name KEEBLER FERNERIES, INC.	
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Principal Place of Business P.O. BOX 9 SEVILLE, FL 32190 US	Mailing Address P.O. BOX 9 SEVILLE, FL 32190 US
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01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3580873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KEEBLER, WILLIAM C 110 FALLEN TIMBER TRAIL DELAND, FL 32724
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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.

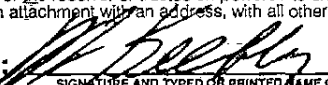
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and file if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000269786 03/19/05-80025-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEEBLER, WILLIAM C 110 FALLEN TIMBER TRAIL DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEEBLER, JANINE J 110 FALLEN TIMBER TRAIL DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **William C. Keebler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** **3-15-05** **386 749 9249**
Date Daytime Phone #