


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-31-2005 90015 006 \*\*\*150.00

**DOCUMENT # P99000047449**

1. Entity Name  
**KEITH-TEX, INC.**



Principal Place of Business  
**440 LAKEVIEW DRIVE 201**  
**WESTON, FL 33326**

Mailing Address  
**440 LAKEVIEW DRIVE 201**  
**WESTON, FL 33326**

**50064314**



2. Principal Place of Business  
**1058 CREEKFORD DRIVE**

3. Mailing Address  
**1058 CREEKFORD DRIVE**

Suite, Apt. #, etc.

08222005 Chg-P CR2E034 (10/03)

City & State  
**WESTON FLORIDA**

City & State  
**WESTON FLORIDA**

Zip  
**33326**

Country  
**US**

4. FEI Number  
**65-0923788**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**NICHOLSON, KEITH E**  
**440 LAKEVIEW DRIVE, #201**  
**WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name  
**KEITH E. NICHOLSON**


Street Address (P.O. Box Number is Not Acceptable)  
**1058 CREEKFORD DRIVE**

City  
**WESTON**

State  
**FL**

Zip Code  
**33326**

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:  DATE: **8/29/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

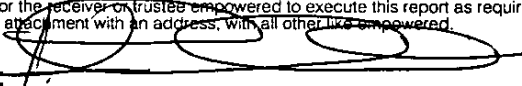
10. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS           | CITY - ST - ZIP  | <input type="checkbox"/> Delete |
|-------|--------------------|--------------------------|------------------|---------------------------------|
| D     | NICHOLSON, KEITH E | 440 LAKEVIEW DRIVE, #201 | WESTON, FL 33326 | <input type="checkbox"/>        |
|       |                    |                          |                  | <input type="checkbox"/>        |
|       |                    |                          |                  | <input type="checkbox"/>        |
|       |                    |                          |                  | <input type="checkbox"/>        |
|       |                    |                          |                  | <input type="checkbox"/>        |
|       |                    |                          |                  | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME               | STREET ADDRESS       | CITY - ST - ZIP       | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|--------------------|----------------------|-----------------------|--------------------------------------------|-----------------------------------|
| D     | NICHOLSON, KEITH E | 1058 CREEKFORD DRIVE | WESTON, FLORIDA 33326 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |
|       |                    |                      |                       | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                    |                      |                       | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                    |                      |                       | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                    |                      |                       | <input type="checkbox"/>                   | <input type="checkbox"/>          |

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:  DATE: **8/29/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR