

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000054318

1. Entity Name
KEEL'S RENTAL SUPPLIES, INC.



Principal Place of Business

526 NE 13TH ST
FORT LAUDERDALE, FL 33304

Mailing Address

526 NE 13TH ST
FORT LAUDERDALE, FL 33304

FILED
Apr 11, 2005 08:00 AM
Secretary of State



04062005 No Chg-P CR2E034 (10/03)

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4. FEI Number 94-3335101 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

KEEL, CECIL SR
3010 SW 2ND COURT
FT LAUDERDALE, FL 33312

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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, 2005 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
NAME KEEL, CECIL SR
STREET ADDRESS 3010 SW 2ND COURT
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE D
NAME KEEL, MARY
STREET ADDRESS 3010 SW 2ND COURT
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000299459
04/11/05-80108-020 150.00

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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)(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:

Mary L Keel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-05

Date

Daytime Phone #