


**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

*Closest MAX
FILED*

07 OCT 22 AM 7:42

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061912
1. Entity Name
KEPAJO, INC.



Principal Place of Business Mailing Address
4007 US HIGHWAY 1 4007 US HIGHWAY 1
VERO BEACH, FL 32960 US VERO BEACH, FL 32960 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



10152007 Chg-P CR2E034 (12/06)
4. FEI Number Applied For
65-0935596 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KURUTZ, JOHN A
2065 DEROSA DRIVE
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent
Name **JOHN A. KURUTZ**
Street Address (P.O. Box Number is Not Acceptable)
405 25th AVE SW
City **VERO BEACH** FL Zip Code **32962**

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]* DATE: **10-16-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KURUTZ, JOHN A	
STREET ADDRESS	4007 US 1	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, SHELDON	
STREET ADDRESS	4007 US 1	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kurutz, John A.	
STREET ADDRESS	4007 US 1	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DAYTIME PHONE: **972-538-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/07