

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90028 038 \*\*\*150.00

**DOCUMENT # P99000082922**

1. Entity Name

KEITH CURTIS PRODUCTIONS, INC.



Principal Place of Business

812 LITTLE WEKIVA DRIVE  
ALTAMONTE SPRINGS FL 32903

Mailing Address

812 LITTLE WEKIVA DRIVE  
ALTAMONTE SPRINGS FL 32903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3604922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADT, KEITH  
812 LITTLE WEKIVA DRIVE  
ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME BRADT, KEITH  
STREET ADDRESS 812 LITTLE WEKIVA DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME BRADT, JUDY  
STREET ADDRESS 812 LITTLE WEKIVA DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME BRADT, TARAH  
STREET ADDRESS 7865 ANTELOPE VALLEY PT  
CITY-ST-ZIP COLORADO SPRINGS CO 80920

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2988 Roche Drive, N  
CITY-ST-ZIP Colorado Springs, CO 80918

TITLE DV ☐ Delete  
NAME BRADT, JOSHUA  
STREET ADDRESS 812 LITTLE WEKIVA DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 325 S. North lake Blvd, Apt. 1128  
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE DV ☐ Delete  
NAME BRADT, SHANNON  
STREET ADDRESS 1332 BURGESS DR  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME ROSALES, CHERISH  
STREET ADDRESS 2381 S. CONWAY RD., #107  
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 275 E. Central Parkway, Apt. 1222  
CITY-ST-ZIP Altamonte Springs FL 32701

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 reports 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:

*N. Keith Bradt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Keith Bradt 2-01-04

Date

407-574-1431

Daytime Phone #