## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

1. Entity Name KEAMACK, INC.

SUITE 3

Principal Place of Business 8725 PLACIDA RD

2. Principal Place of Business

Country

PLACIDA, FL 33946

Suite, Apt. #, etc.

MACKENZIE

8725 PLACIDA RD

MAKENZE, ROBERT

PLACIDA, FL 33946

the obligations of registered agent

FILE NOW!!! FEE IS \$150.00

Due by September 8, 2004

MACKENZIE, LORRAINE

8725 PLACIDA RD

PLACIDA, FL 33946

PLACIDA, FL 33946

MACKENZIE, ROBERT

8725 PLACIDA RD, STE 3

City & State

Zip

SUITE 3

10.

TITLE

NAME

TITLE

NAME

NAME

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP TITLE

CITY-ST-ZIP

## FILED May 13, 2004 8:00 am Secretary of State **DOCUMENT # P99000089679** 05-13-2004 90006 003 \*\*\*150.00 Mailing Address 8725 PLACIDA RD SUITE 3 PLACIDA, FL 33946 3. Mailing Address Suite, Apt. #, etc. 05112004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For 65-0953229 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENZIE Street Address (P.O. Box Number is Not Acceptable) 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 ROBERT MACKENZIE (NOTE: Registered Agent signature required when reinstating) #e-typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Change TITLE ☐ Addition MACKENZIE, LOPRAINE NAME 10016 BAY AUE ENGIEWOOD, FI STREET ADDRESS CITY-ST-ZIP ☐ Addition Delete TITLE ACKENZIE ROBERT NAME STREET ADDRESS 0076 BAY AUE CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ■ Addition NAME

12. I hereby certify that the information supplied with this filling 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 repeiver 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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Delete

☐ Delete

SIGNATURE:

☐ Change

☐ Change

☐ Addition

☐ Addition

Affachment

24675098 # P99000089679

Hachwent 24075098 # P99000089679

Hachment 2405098. #P99000089679