

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90293 022 ***150.00

DOCUMENT # S48946

1. Entity Name
KEPLEY, INC.



Principal Place of Business

**28480 OLD US 41
STE 6
BONITA SPRINGS, FL 34135 US**

Mailing Address

**28480 OLD US 41
STE 6
BONITA SPRINGS, FL 34135 US**

60028304

2. Principal Place of Business

10120 Idle Pine Lane
Suite, Apt. #, etc.

3. Mailing Address

10120 Idle Pine Lane
Suite, Apt. #, etc.

04102006

Chg-P

CR2E034 (11/05)



City & State

Bonita Springs, FL
Zip **34135** Country **USA**

City & State

Bonita Springs, FL
Zip **34135** Country **USA**

4. FEI Number

65-0263115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, KENNETH R.
4001 TAMIAMI TRAIL, N
SUITE 300
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **DPV** ☐ Delete
NAME **KEPLEY, DIANNE**
STREET ADDRESS **10120 IDLE PINE LANE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **S** ☐ Delete
NAME **KEPLEY, DIANNE**
STREET ADDRESS **10120 IDLE PINE LANE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *Dianne Kepley* *Dianne Kepley* *4/10/06* *239-949-1556*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #