

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90041 026 ***150.00

DOCUMENT # S48946

1. Entity Name
KEPLEY, INC.



Principal Place of Business
**10120 IDLE PINE LAKE
BONITA SPRINGS FL 34135
US**

Mailing Address
**10120 IDLE PINE LAKE
STE 6
BONITA SPRINGS FL 34135
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P O Box 10640

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

Naples, FL

4. FEI Number **65-0263115**

Applied For
Not Applicable

Zip

Country

Zip

34101

Country

US

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

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

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, 2007 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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPV
KEPLEY, DIANNE
10120 IDLE PINE LANE
BONITA SPRINGS FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**206 Acacia Circle
Lexington, NC 27292** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**206 Acacia Circle
Lexington, NC 27292** ☒ Change ☐ Addition

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CITY - ST - ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1/25/07

336-249-3060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #