


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # S83140	
1. Entity Name K.E.I. CORP.	

Principal Place of Business 4418 W SAN MIGUEL ST TAMPA, FL 33629	Mailing Address 4418 SAN MIGUEL ST. TAMPA, FL 33629 US
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05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0300129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PEEBLES, JERRY 4418 W SAN MIGUEL ST TAMPA, FL 33629
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEEBLES, JERRY 4418 W SAN MIGUEL ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEEBLES, MARY LOU 4418 W SAN MIGUEL ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEEBLES, KELLY C 4418 W SAN MIGUEL ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/05/05-80145-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: Mary Lou Peebles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05 813-299-7787
Date Daytime Phone #