## **FILED** 2005 FOR PROFIT CORPORATION **ANNUAL REPORT** Mar 26, 2005 08:00 AM Secretary of State **DOCUMENT # V43652** 1. Entity Name KEITH & MORGAN, INC. Principal Place of Business Mailing Address PO BOX 375 3511 KNIGHTS STARD KATHLEEN, FL 33849 US STE 3 LAKELAND, FL 33810 03232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3147812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ROSS, DENNIS A. DO NOT WRITE 3308 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33803 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

	Signature, typed of printed name of registered agent and title	if applicable. (NOTE: Registe	ed Agent algnature	required when reinstating)	DAIG
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		1	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MORGAN, BARBARA H 4948 LAKE JULIANA RESERVE DRIV AUBURNDALE, FL 33823	/E			. —
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, DENNIS W. 4948 LAKE JULIANA RESERVE DRIV AUBURNDALE, FL 33823	/E			—— U00000277405 03/26/05-80028-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		( ) ( )		DO	NOT WRITE
ITILE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 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.

Barbara H. Wargan

SIGNATURE:

3-42<sup>-</sup>02