

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90077 038 \*\*\*150.00

**DOCUMENT # V69662**

1. Entity Name  
**KEITH & BALLBE, INC.**



Principal Place of Business  
**2201 W PROSPECT ROAD  
SUITE 100  
FORT LAUDERDALE, FL 33309 US**

Mailing Address  
**2201 W PROSPECT ROAD  
SUITE 100  
FORT LAUDERDALE, FL 33309 US**

**50015314**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0379064**

Applied For  
Not Applicable

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

**STONE, ADELE I ESQUIRE  
1946 TYLER STREET  
HOLLYWOOD, FL 33020**

Name **Adele I Stone Esquire**  
Street Address (P.O. Box Number Not Acceptable)  
**100 S.E. 3rd Avenue**  
**Suite 1400**  
City **Fort Lauderdale FL** Zip Code **33394**

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, 2005 Fee will be \$550.00**

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  
ST  
**KEITH, JONATHAN WAYNE** ☐ Delete  
STREET ADDRESS  
**641 SHORE DR.**  
CITY-ST-ZIP  
**BOYNTON BEACH, FL 33345**

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

TITLE  
NAME  
DP  
**BALLBE, CARLOS J.** ☐ Delete  
STREET ADDRESS  
**602 SOUTH LAKE DRIVE**  
CITY-ST-ZIP  
**LANTATA, FL 33462**

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

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/5/05**

**954-489-9801**