

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000106166

**Entity Name:** EILEEN KEELER BOOKKEEPING, DOCUMENT, & NOTARY SVCS., INC.

**FILED  
Apr 30, 2015  
Secretary of State  
CC3504560686**

**Current Principal Place of Business:**

409 LILY PAD LANE  
EUSTIS, FL 32726

**Current Mailing Address:**

409 LILY PAD LANE.  
EUSTIS, FL 32726 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KEELER, EILEEN  
409 LILY PAD LANE  
EUSTIS, FL 32726 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                   |                 |                    |
|-----------------|-------------------|-----------------|--------------------|
| Title           | P                 | Title           | VP                 |
| Name            | KEELER, EILEEN    | Name            | CASSIDY, TIFFANNIE |
| Address         | 409 LILY PAD LANE | Address         | 409 LILY PAD LANE  |
| City-State-Zip: | EUSTIS FL 32726   | City-State-Zip: | EUSTIS FL 32726    |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: EILEEN KEELER**

**MANAGER**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date