


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90283 032 ***150.00

DOCUMENT # P03000050460

1. Entity Name
KEPPER, INC.



Principal Place of Business Mailing Address
602 9 AVE N **602 9 AVE N**
JACKSONVILLE FL 32250 **JACKSONVILLE FL 32250**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number Applied For
55-0836475 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

KEPPER, MIKE
602 9 AVE N
JACKSONVILLE FL 32250

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 D <input type="checkbox"/> Delete | NAME KEPPER, MIKE | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 602 9 AVE N | CITY-ST-ZIP JACKSONVILLE FL 32250 | NAME | |
| | | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | NAME | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | NAME | |
| CITY-ST-ZIP | | STREET ADDRESS | |
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| STREET ADDRESS | | NAME | |
| CITY-ST-ZIP | | 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:  Date: **04/20/04** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR