

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 818221

1. Entity Name
KECK & WOOD, INC.



Principal Place of Business
**2425 COMMERCE AVE.
 BLDG. 2100 STE. 300
 DULUTH GA 30096**

Mailing Address
**2425 COMMERCE AVE.
 BLDG. 2100 STE. 300
 DULUTH GA 30096**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
 Zip Country

4. FEI Number **58-0801754**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORBIN, P R
 225 WATER STREET, SUITE 710
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 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

TITLE	V	<input type="checkbox"/> Delete
NAME	MOFFITT, MICHAEL J.	
STREET ADDRESS	2237 TALLAPOOSA DR.	
CITY-ST-ZIP	DULUTH GA 30097	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAY, CHERYL L	
STREET ADDRESS	5533 AMBER COVE WAY	
CITY-ST-ZIP	FLOWERY BRANCH GA 30542	
TITLE	TVD	<input type="checkbox"/> Delete
NAME	CORBIN JR, C C	
STREET ADDRESS	3247 OLDE DEKALB WAY	
CITY-ST-ZIP	ATLANTA, GA 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STANLEY JR, J B	
STREET ADDRESS	135 S ROBERST DR	
CITY-ST-ZIP	SUGAR HILL, GA 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENZ, D D	
STREET ADDRESS	211 CHAD LANE	
CITY-ST-ZIP	LOGANVILLE GA 30052	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000742755	
CITY-ST-ZIP	05/15/07-80081-016 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Charles L. Gray
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 678-417-4000
 Date Daytime Phone #