

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L29026

1. Entity Name  
KEENAN L. POOLE, C.P.A., P.A.



Principal Place of Business

13450 WEST SUNRISE BLVD.  
SUITE 150  
FT. LAUDERDALE, FL 33323 US

Mailing Address

13450 WEST SUNRISE BLVD.  
SUITE 150  
FT. LAUDERDALE, FL 33323 US

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0157083

Applied For

Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

POOLE, KEENAN L.  
13450 WEST SUNRISE BLVD.  
SUITE 150  
FT. LAUDERDALE, FL 33323

**DO NOT WRITE  
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 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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
POOLE, KEENAN L  
13450 WEST SUNRISE BLVD., STE 150  
FT. LAUDERDALE, FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

000000271171  
03/21/05-80087-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

3-17-05