

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166377

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** THE LAW OFFICES OF JONATHAN A KELLER, P.A.

**Current Principal Place of Business:**

1792 BELL TOWER LANE  
WESTON, FL 333263682

**New Principal Place of Business:**

1792 BELL TOWER LANE  
WESTON, FL 33326

**Current Mailing Address:**

1792 BELL TOWER LANE  
WESTON, FL 333263682

**New Mailing Address:**

1792 BELL TOWER LANE  
WESTON, FL 33326

**FEI Number:** 90-0229948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLER, JONATHAN A  
1792 BELL TOWER LANE  
FORT LAUDERDALE, FL 33327 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: KELLER, JONATHAN A  
Address: 1792 BELL TOWER LANE  
City-St-Zip: FORT LAUDERDALE, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** JONATHAN KELLER

DPTS

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date