


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90019 024 \*\*\*150.00

<b>DOCUMENT # 609901</b> 1. Entity Name <b>WILSON, KEHOE &amp; MILLER CORPORATION</b>					
Principal Place of Business <b>1501 LAKE AVE. LARGO, FL 33771-3009 US</b>			Mailing Address <b>PO BOX 38 LARGO, FL 33779 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1496 Donegan Rd</b>		3. Mailing Address <b>1496 Donegan Rd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Largo FL</b>		City & State <b>Largo FL</b>		4. FEI Number <b>59-1884466</b>	
Zip <b>33771</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILSON, ROBERT H III 8114 ELISABETH LANE LARGO, FL 33777</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1496 Donegan Rd</b> City <b>Largo</b> <b>FL</b> Zip Code <b>33771</b>		
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 <u><i>Robert H. Wilson III</i></u> <b>Robert H. Wilson III</b> <span style="float: right;">2-26-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, ROBERT H III 8114 ELISABETH LANE LARGO, FL 33777		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KEHOE, MARTIN C 7740 HUNTER LANE PINELLAS PARK, FL 33782		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, DAVID S 1664 ST PAUL DRIVE CLEARWATER, FL 33764		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Robert H. Wilson III</i></u> <b>Robert H. Wilson III</b> <span style="float: right;">2-26-07</span> <span style="float: right;">727-584-7742</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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