

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 609901

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: WILSON, KEHOE & MILLER CORPORATION

**Current Principal Place of Business:**

1496 DONEGAN RD  
LARGO, FL 337713009 US

**New Principal Place of Business:**

**Current Mailing Address:**

1496 DONEGAN RD  
LARGO, FL 337713009 US

**New Mailing Address:**

FEI Number: 59-1884466      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILSON, ROBERT H III  
1496 DONEGAN RD  
LARGO, FL 33771 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: PD ( ) Delete  
Name: WILSON, ROBERT H III  
Address: 1496 DONEGAN RD  
City-St-Zip: LARGO, FL 33771

Title: DST ( ) Delete  
Name: KEHOE, MARTIN C  
Address: 7740 HUNTER LANE  
City-St-Zip: PINELLAS PARK, FL 33782

Title: DV ( ) Delete  
Name: MILLER, DAVID S  
Address: 1664 ST PAUL DRIVE  
City-St-Zip: CLEARWATER, FL 33764

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

Title: PD (X) Change ( ) Addition  
Name: WILSON, ROBERT H III  
Address: 8114 ELIZABETH LANE  
City-St-Zip: LARGO, FL 33777

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

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: ROBERT H WILSON III

PD

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date