

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 638428

1. Entity Name

STROUPE & KEELOR, P.A.



Principal Place of Business

8736 STEEPLECHASE DR
PALM BEACH GARDENS, FL 33418 US

Mailing Address

8736 STEEPLECHASE DR
PALM BEACH GARDENS, FL 33418 US



02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1942947

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STROUPE, MARGARET F
8736 STEEPLECHASE DR.
PALM BEACH GARDENS, FL 33418

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000544056
05/11/06-80021-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STROUPE, MARGARET F
STREET ADDRESS	8736 STEEPLECHASE DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	ST
NAME	KEELOR, MARY L
STREET ADDRESS	235 RIVER PARK DR
CITY-ST-ZIP	JUPITER, FL 334779307
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Margaret F. Stroupe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06
Date

(561) 626-9592
Daytime Phone #