


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F85544		
1. Entity Name R. BRUCE KEENE, D.V.M., P.A.		
Principal Place of Business 856 LAKE HOWELL ROAD MAITLAND, FL 32751	Mailing Address 856 LAKE HOWELL ROAD MAITLAND, FL 32751	

FILED
04 JAN 23 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182004 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-2205314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBBS, MARSHALL A
1070 DRUID DRIVE
MAITLAND, FL 32751

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEENE, BRUCE R. 2185 VIA TUSCANY TRAIL WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: R. Bruce Keene R Bruce Keene DVM 1/19/2004 (407) 628-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #