2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with a

SIGNATURE AND TYPED OR PRINTE

SIGNATURE:

## **FILED** Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # H27483 1. Entity Name GERARD F. KEATING, P.A. Principal Place of Business Mailing Address 318 SILVER BEACH AVENUE DAYTONA BCH. FL 32118 318 SILVER BEACH AVENUE DAYTONA BCH, FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-2875650 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEATING, GERARD F. Street Address (P.O. Box Number is Not Acceptable) 318 SILVÈR BEACH AVENUE DAYTONA BCH, FL 32118 City Z<sub>1</sub>p Code 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 DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change KEATING, GERARD F. NAME NAME U00000052165 STREET ADDRESS 318 SILVER BEACH AVE. STREET ADDRESS 02/16/04-80080-012 **150.0**0 CITY-ST-ZIP DAYTONA BEACH FL CITY - ST - ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 this report to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

her like empowered.

Daytime Phone #