

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H33161

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: KEENAN, HOPKINS, SCHMIDT AND STOWELL CONTRACTORS, INC.

**Current Principal Place of Business:**

5422 BAY CENTER DRIVE  
SUITE 200  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

5422 BAY CENTER DRIVE  
SUITE 200  
TAMPA, FL 33609 US

**New Mailing Address:**

FEI Number: 59-2471479      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

EHRlich, STEVEN E  
5422 BAY CENTER DRIVE  
SUITE 200  
TAMPA, FL 33609 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: DP ( ) Delete  
Name: CANNON, MICHAEL R  
Address: 5422 BAY CENTER DRIVE  
City-St-Zip: TAMPA, FL 33609

Title: TSD ( ) Delete  
Name: EHRlich, STEVEN E  
Address: 5422 BAY CENTER DRIVE  
City-St-Zip: TAMPA, FL 33609

Title: DSRV ( ) Delete  
Name: HEMGESBERG, TONY L  
Address: 5422 BAY CENTER DRIVE  
City-St-Zip: TAMPA, FL 33609

Title: DSRV ( ) Delete  
Name: COSTELLO, PETER K  
Address: 5422 BAY CENTER DRIVE  
City-St-Zip: TAMPA, FL 33609

Title: DV ( ) Delete  
Name: GIBBONS, THOMAS J  
Address: 5422 BAY CENTER DRIVE  
City-St-Zip: TAMPA, FL 33609

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

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

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

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

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: MICHAEL R CANNON

DP

01/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date