

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# H35085

Entity Name: O'KEEFE'S, INC.

**FILED**  
**May 08, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1219 SOUTH FT. HARRISON AVE  
CLEARWATER, FL 346163307

**New Principal Place of Business:**

**Current Mailing Address:**

1219 SOUTH FT. HARRISON AVE  
CLEARWATER, FL 346163307

**New Mailing Address:**

FEI Number: 59-2490111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUQUESNAY, GARTH ANTHONY  
1219 S FT HARRISON AVENUE  
CLEARWATER, FL 33756 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

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: DUQUESNAY, GARTH ANTHONY  
Address: 2371 HANOVER DRIVE  
City-St-Zip: DUNEDIN, FL 34698

Title: CFO ( ) Delete  
Name: DUQUESNAY, STEPHEN A  
Address: 1219 S FT HARRISON AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: S (X) Delete  
Name: DUQUESNAY, DANIELLE L  
Address: 1219 S FT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33756

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

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

Title: S (X) Change ( ) Addition  
Name: DUQUESNAY, DANIELLE L  
Address: 1219 S FT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33756

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: DANIELLE DUQUESNAY

S

05/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date