

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H84312

1. Entity Name
JOANNE KEARNEY REAL ESTATE, INC.



**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90306 043 ***150.00

40071032



04062006 Chg-P CR2E034 (11/05)

Principal Place of Business		Mailing Address	
9625 WES KEARNEY WAY RIVerview, FL 33569 US		9625 WES KEARNEY WAY RIVerview, FL 33569 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
REED, JAMES M. 9625 WES KEARNEY WAY RIVerview, FL 33569			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip 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)

(NOTE: Registered Agent signature required when resuming)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE: PSD NAME: APPELBE, ROSAMOND STREET ADDRESS: 9625 WES KEARNEY WAY CITY-ST-ZIP: RIVerview, FL 33569		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: KEARNEY, BRYAN STREET ADDRESS: 9625 WES KEARNEY WAY CITY-ST-ZIP: RIVerview, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: KEARNEY, C.W., JR. STREET ADDRESS: 9625 WES KEARNEY WAY CITY-ST-ZIP: RIVerview, FL		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: D KEARNEY, BING CHARLES W., JR. 9625 WES KEARNEY WAY RIVerview FL 33569	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	

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 empowerments.

SIGNATURE: *Rosamond A Appelbe*

4/10/06 03-621-4286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #