

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # H84312**

1. Entity Name  
JOANNE KEARNEY REAL ESTATE, INC.



Principal Place of Business  
9625 WES KEARNEY WAY  
RIVerview, FL 33569 US

Mailing Address  
9625 WES KEARNEY WAY  
RIVerview, FL 33569 US

2. Principal Place of Business - No P.O. Box #  
5115 JOANNE KEARNEY BLVD.

3. Mailing Address  
5115 JOANNE KEARNEY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA, FL.

Zip

33619

Country

USA

Zip

33619

Country

USA

4. FEI Number  
59-2605468

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, JAMES M.  
9625 WES KEARNEY WAY  
RIVerview, FL 33569

Name

Street Address (P.O. Box Number is Not Acceptable)  
5115 JOANNE KEARNEY BLVD.

City

TAMPA

FL

Zip Code

33619

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 reinstating)

DATE

4/30/07

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPELBE, ROSAMOND		NAME	
STREET ADDRESS	9625 WES KEARNEY WAY		STREET ADDRESS	
CITY-ST-ZIP	RIVerview, FL 33569		CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, BRYAN		NAME	
STREET ADDRESS	9625 WES KEARNEY WAY		STREET ADDRESS	
CITY-ST-ZIP	RIVerview, FL		CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, JR, BING CHARLES W		NAME	
STREET ADDRESS	9625 WES KEARNEY WAY		STREET ADDRESS	
CITY-ST-ZIP	RIVerview, FL 33569		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 empowered.

SIGNATURE:

Rosamond Appelbe

4/30/07

813-621-4286

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR