

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90035 038 \*\*\*150.00

<b>DOCUMENT # H84312</b> 1. Entity Name <b>JOANNE KEARNEY REAL ESTATE, INC.</b>			
Principal Place of Business <b>9625 WES KEARNEY WAY RIVERVIEW, FL 33569 US</b>		Mailing Address <b>9625 WES KEARNEY WAY RIVERVIEW, FL 33569 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5115 JOANNE KEARNEY BLVD.</b>		3. Mailing Address <b>5115 JOANNE KEARNEY BLVD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>TAMPA, FL.</b>		City & State <b>TAMPA, FL.</b>	
Zip <b>33619</b>	Country <b>USA</b>	Zip <b>33619</b>	Country <b>USA</b>
4. FEI Number <b>59-2605468</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REED, JAMES M. 9625 WES KEARNEY WAY RIVERVIEW, FL 33569</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5115 JOANNE KEARNEY BLVD.</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33619</b>	
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: <u><i>J. Reed</i></u> DATE: <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD APPELBE, ROSAMOND 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5115 JOANNE KEARNEY BLVD. TAMPA, FL. 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNEY, BRYAN 9625 WES KEARNEY WAY RIVERVIEW, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNEY, JR, BING CHARLES W 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D CHARLES V. MAYNARD 807 W. AZEELE TAMPA, FL. 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Rosamond Appelbe</i></u>		Date: <u>4/30/07</u> Daytime Phone: <u>813-621-4286</u>	