2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2005 8:00 am Secretary of State

| DOCUMENT # J22490 1. Entity Name KEEDY & BURNETTE, P.A. | | | | | | 02-09-2005 9 | 00029 03 | 7 ***150 |).00 |
|---|---|---|--|--|---|--|-------------------------|------------------------|------------------------------|
| Principal Place | e of Business | Mailing Address | | | - <i>,</i> | 10015464 | | • | |
| 220 W. MAIN | | 220 W. MAIN ST. | | | 5 | 10017404 | | | |
| TAVARES, FL | | TAVARES, FL 32778 | US | | | | | | |
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| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
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| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 01272005 | Chg-P | CR2E03 | 4 (10/03) | |
| City & State | | City & State | | | 4. FEI Numbe | | | 140 | plied For |
| on) a state | | Only & State | | | 59-2689 | | | | t Applicable |
| Zip Country | | Zip Cour | | try 5 Certific | | cate of Status Desired \$8.75 Additional | | | itional |
| | | | | | | | | ee Require | <u> </u> |
| | 6. Name and Address of Curre | ent Registered Agent | | Nama — | | Address of New Re | | _ | |
| KEEDY, JA | AMES F. | - | į | Name BARRETT P. BURNETTE | | | | | |
| 220 W. MAIN ST. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| TAVARES, FL 32778 | | | | 22012 2005 54 | | | | | |
| | | | | 220 W. MAIN 5+ | | | | | |
| | | | | TAVARES FL Zip SS3778 | | | | | |
| 8. The above | named entity submits this statement ions of registered agent. | t for the purpose of changing its | registere | ed office or regi | stered agent, or bot | h, in the State of Flor | rida. I am fa | ımiliar with, | and accept |
| arie dolliga | Med agent | $\mathcal{M}//$ | | | | .\ ~ | ~ / ~ | <u>_</u> | |
| SIGNATURE_ | Sygnatural typed or privited name of registered as | and and that I spaling his (NOTE | Gazietorod | 1 Agent signature roo | ired when reinstating) | 112 | <u> </u> | <u> </u> | |
| | | (11012. | . registo co | - rigorii digi icadic tesp | | | D/112 | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$55 | 9. Election Campaig Trust Fund Contr | | | 55.00 May Be added to Fees | | | | : |
| 10. | OFFICERS AI | | 11. | | ADDITIONS/ | CHANGES TO OFFI | | | |
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| NAME | PST KEEDY, JAMES F. | | NAME | | urnette. | BARRETT | P. ' | K. Change | C) Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or or popular point 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 federiver 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:

MATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OF DIRECTOR

127/05 352-742-1204

Daytime Phone #