
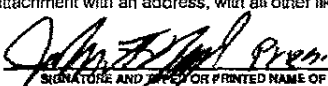


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # J85827 1. Entity Name THE KEOGH CORPORATION		
Principal Place of Business % DIANA K. WALLACE 4600 W KENNEDY BLVD TAMPA, FL 33609		Mailing Address % DIANA K. WALLACE 4600 W KENNEDY BLVD TAMPA, FL 33609
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WALLACE, DIANA K. 4600 W KENNEDY BLVD TAMPA, FL 33609		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KEOGH, JOHN 4203 SALTWATER BLVD TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEOGH, CAROL 4203 SALTWATER BLVD TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-26-04 8138869800 Date Daytime Phone #



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3049869	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/29/04-80065-024 150.00

**DO NOT WRITE
IN THIS SPACE**