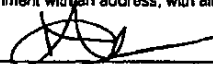


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90001 007 ***150.00

DOCUMENT # K11320 1. Entity Name DON MCKEEVER, P.A.			
Principal Place of Business 807 W MORSE BLVD 200 WINTER PARK, FL 32789		Mailing Address 807 W MORSE BLVD 200 WINTER PARK, FL 32789	
DO NOT WRITE IN THIS SPACE			
			
		04252008 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2874204		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKEEVER, DON 807 W MORSE BLVD 200 WINTER PARK, FL 32789		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE _____ NAME PSD MCKEEVER, DON STREET ADDRESS 807 W MORSE BLVD CITY- ST- ZIP WINTER PARK, FL 32789			
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 _____			
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 empowered.			
SIGNATURE: 		430/08 407-628-4878	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	