


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90039 009 ***150.00

DOCUMENT # K59593 1. Entity Name D.B. O'KEEF CONSTRUCTION, INC.																																								
Principal Place of Business 1403 AKRON DR. LEESBURG, FL 34748 US			Mailing Address 1403 AKRON DR. LEESBURG, FL 34748 US																																					
2. Principal Place of Business 308 Ventana Blvd Suite, Apt. #, etc.		3. Mailing Address PO Box 1290 Suite, Apt. #, etc.																																						
City & State Santa Rosa Bch, FL Zip 32459		City & State Santa Rosa Bch, FL Zip 32459		4. FEI Number 59-2931296																																				
Country Walton		Country Walton		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																				
6. Name and Address of Current Registered Agent O'KEEF, DANIEL B. 1403 AKRON DR. LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name Daniel B. O'Keef Street Address (P.O. Box Number is Not Acceptable) 308 Ventana Blvd City Santa Rosa Beach FL Zip Code 32459																																					
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>D.B. O'Keef</u> DATE 3-21-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DP O'KEEF, DANIEL B. 1403 AKRON DR. LEESBURG, FL 34748 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'KEEF, DANIEL B. 1403 AKRON DR. LEESBURG, FL 34748	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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>D.B. O'Keef</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-20-05 Daytime Phone # 850 622 1862																																					

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