


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 22, 2004 08:00 AM  
Secretary of State

DOCUMENT # P00000004475  
1. Entity Name  
JOHN P. MCKEEVER, P.A.



Principal Place of Business: 500 NE 8TH AVE, OCALA, FL 34471  
Mailing Address: 500 NE 8TH AVE, OCALA, FL 34471

**DO NOT WRITE IN THIS SPACE**



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3618541  
Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MCKEEVER, JOHN P  
500 NE 8TH AVE  
OCALA, FL 34471

**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 reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

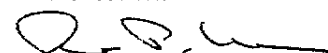
U00000124041  
04/22/04 80029 008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCKEEVER, JOHN P
STREET ADDRESS	500 NE 8TH AVE
CITY-ST-ZIP	OCALA, FL 34470
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	

**DO NOT WRITE IN THIS SPACE**

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:  JOHN P. MCKEEVER 4/21/04 (352) 732-5110