

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90037 047 \*\*\*150.00

**DOCUMENT # P01050077985**

1. Entity Name

WAYNE KEENAN PAINTING, INC.



Principal Place of Business

2520 HUNTER LN  
 MALABAR FL 32950

Mailing Address

2520 HUNTER LN  
 MALABAR FL 32950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3752179

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEENAN, WAYNE  
 2520 HUNTER LN  
 MALABAR FL 32950

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: VP  Delete  
 NAME: SAWYER, JAMES K  
 STREET ADDRESS: 555 ORTEGA ST SE  
 CITY-ST-ZIP: PALM BAY FL 32909

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: P  Delete  
 NAME: KEENAN, WAYNE  
 STREET ADDRESS: 2520 HUNTER LN  
 CITY-ST-ZIP: MALABAR FL 32950

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: VP  Delete  
 NAME: KEENAN, GREGORY  
 STREET ADDRESS: 2703 S ATLANTIC AVE #3  
 CITY-ST-ZIP: COCOA BEACH FL 32931

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: S  Delete  
 NAME: MEENAN-KEENAN, DANA  
 STREET ADDRESS: 2520 HUNTER LN  
 CITY-ST-ZIP: MALABAR FL 32950

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 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: Wayne Keenan WAYNE KEENAN  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04 321-929-0709  
 Date Daytime Phone #