


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000077985

1. Entity Name
WAYNE KEENAN PAINTING, INC.



Principal Place of Business Mailing Address
2520 HUNTER LN **2520 HUNTER LN**
MALABAR, FL 32950 **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

6. Name and Address of Current Registered Agent

KEENAN, WAYNE
2520 HUNTER LN
MALABAR, FL 32950

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KEENAN, WAYNE	
STREET ADDRESS	2520 HUNTER LN	
CITY-ST-ZIP	MALABAR, FL 32950	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KEENAN, GREGORY	
STREET ADDRESS	2703 S ATLANTIC AVE #3	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEENAN-KEENAN, DANA	
STREET ADDRESS	2520 HUNTER LN	
CITY-ST-ZIP	MALABAR, FL 32950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		



02232006 Chg-P CR2E034 (11/05)

4. FEI Number **59-3752179** Applied For Not Applied

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

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne Keenan **4-1-06** **321-729-0709**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #