

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P01000077985

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**



03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**KEENAN, WAYNE
2520 HUNTER LN
MALABAR, FL 32950**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000707810
04/24/07-80088-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KEENAN, WAYNE
STREET ADDRESS	2520 HUNTER LN
CITY-ST-ZIP	MALABAR, FL 32950
TITLE	VP
NAME	KEENAN, GREGORY
STREET ADDRESS	2703 S ATLANTIC AVE #3
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	S
NAME	MEENAN-KEENAN, DANA
STREET ADDRESS	2520 HUNTER LN
CITY-ST-ZIP	MALABAR, FL 32950
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 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: *Wayne Keenan* **WAYNE KEENAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1307 *321-729-0709*

Date

Daytime Phone #