


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000034942
 1. Entity Name
 KEITH L. ROACHE, P.A.



Principal Place of Business Mailing Address
 4241 NW 64TH DRIVE 4241 NW 64TH DRIVE
 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 01-0705171 Not Applicable

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

8. Name and Address of Current Registered Agent
 STUPARITZ, ALAN D
 900 E ATLANTIC BLVD., STE 17
 POMPANO BEACH, FL 33060

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROACHE, KEITH L 4241 NW 64TH DRIVE COCONUT CREEK, FL 33073
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000261901
 03/14/05-80030-018 150.00

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)(f), 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: Keith L Roache Keith L Roache 3.9.05 954 426 1797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #