
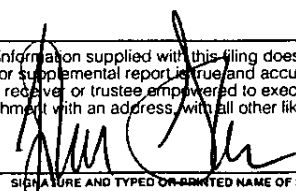


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91068 009 ***150.00

DOCUMENT # P03000017202 1. Entity Name JOHN KEEN, P.A.					
Principal Place of Business 3510 ISLAND CLUB DR #6 NORTH PORT, FL 34288			Mailing Address 3510 ISLAND CLUB DR #6 NORTH PORT, FL 34288		
2. Principal Place of Business 12226 DEFENDER DRIVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 27091 <small>Suite, Apt. #, etc.</small>			
City & State PORT CHARLOTTE, FL		City & State EL JOBEAN, FLORIDA		4. FEI Number 06-1691306	
Zip 33953		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33927		Country U.S.A.		Applied For Not Applicable	
6. Name and Address of Current Registered Agent GUNDERSON, MIKE P 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948-1088			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete KEEN, JOHN 12226 DEFENDER DRIVE PORT CHARLOTTE, FL 33953		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 4/29/04 Daytime Phone # (941) 391-1795		