

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

06-28-2004 90008 026 ***150.00

DOCUMENT # P03000082487 1. Entity Name KEANEY FINANCIAL SERVICES CORPORATION					
Principal Place of Business 901 SW MARTIN DOWNS BLVD SUITE 206 PALM CITY, FL 34990			Mailing Address 901 SW MARTIN DOWNS BLVD SUITE 206 PALM CITY, FL 34990		
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				7. Name and Address of New Registered Agent	
KEANEY, ERNESTO 901 SW MARTIN DOWNS BLVD SUITE 206 PALM CITY, FL 34990				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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KEANEY, ERNESTO 4242 SW MCCLELLAN ST <i>180 SW Finkhof TAL</i> PORT ST LUCIE, FL 34983 <i>PSC, FL 34953</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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: Ernesto Keaney 7-27-04 772-257-8089 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66432313



07302004 Chg-P CR2E034 (10/03)

4. FEI Number **200123183** Applied For Not Applicable

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

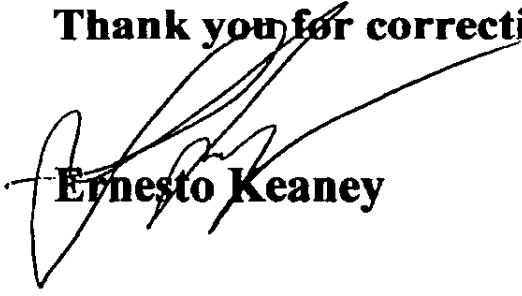
Attachment
66432513
P03000082487

7-30-04

Please waive the penalty do to the fact I did not receive the postcard you mailed. The 150.00 has already been submitted.

My accountant had a preprinted one earlier but did not get until late June.

I corrected the wrong address you had on the report. The reason I didn't receive post card in the first place, again thanks to my accountant. Thank you for correcting this matter.


Ernesto Keaney