2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P03000156761 Apr 14, 2005 08:00 AM Secretary of State 1. Entity Name THE LAW OFFICE OF MICHAEL T. KEOUGH, P.A. Principal Place of Business Mailing Address 8207 STATE ROAD 52 8207 STATE ROAD 52 HUDSON, FL 34667 HUDSON, FL 34667 04022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0520010 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KEOUGH, MICHAEL T 8207 STATE ROAD 52 HUDSON, FL 34667 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 reinstaling) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME KEOUGH, MICHAEL T STREET ADDRESS **8207 STATE ROAD 52** 000000303873 04/14/05-80021-009_150.00 CITY-ST-ZIP HUDSON, FL 34667 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P 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 trueffe exproved 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 adaptess, with all other like emportered.

MICHEAL KEOUGH

Daytime Phone #

YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X