


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-08-2005 90049 029 ***150.00

DOCUMENT # P04000037923			
1. Entity Name KEESEY & COMPANY INC.			
Principal Place of Business 100 RIALTO PLACE, SUITE 700 MELBOURNE, FL 32901		Mailing Address 100 RIALTO PLACE, SUITE 700 MELBOURNE, FL 32901	
2. Principal Place of Business		3. Mailing Address 3085 RIO BONITA ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State INDIALANTIC FL	
Zip	Country	Zip	Country
		32903	USA
4. FEI Number 232607471		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KEESEY, JOYCE E 100 RIALTO PLACE, SUITE 700 MELBOURNE, FL 32901		Name KEESEY, JOYCE E.	
		Street Address (P.O. Box Number is Not Acceptable)	
		3085 RIO BONITA ST	
		City INDIALANTIC	
		FL Zip Code 32903	
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 JOYCE E. KEESEY		DATE 8/05/05	
Signature, typed or printed name of registered agent and title if applicable		NOTE: Registered Agent signature required when terminating	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEESEY, JOYCE E	NAME	
STREET ADDRESS	100 RIALTO PLACE, SUITE 700	STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE, FL 32901	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: JOYCE E. KEESEY		DATE 8/05/05 3217798631	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	