

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90078 007 ***158.75

DOCUMENT # P04000099247

1. Entity Name
PAUL KEENEY, PA



Principal Place of Business
**9704-D BOCA GARDENS CIRCLE NO
BOCA RATON, FL 33496**

Mailing Address
**9704-D BOCA GARDENS CIRCLE NO
BOCA RATON, FL 33496**

00010000



2. Principal Place of Business
46 Lake Eden Drive
Suite, Apt. #, etc.

3. Mailing Address
46 Lake Eden Drive
Suite, Apt. #, etc.

02102005 Chg-P CR2E034 (10/03)

City & State
Boynton Beach, FL
Zip
33435 Country
US

City & State
Boynton Beach
Zip
33435 Country
US

4. FEI Number
20133933 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEENEY, PAUL
9704-D BOCA GARDENS CIRCLE NO
BOCA RATON, FL 33496**

7. Name and Address of New Registered Agent

Name
Paul Keeney
Street Address (P.O. Box Number is Not Acceptable)
46 Lake Eden Drive
City
Boynton Beach FL Zip Code
33435

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 **PAUL KEENEY**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/05

**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
**P
KEENEY, PAUL
9704-D BOCA GARDENS CIRCLE NO
BOCA RATON, FL 33496** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Keeney, Paul
46 Lake Eden Drive
Boynton Beach, FL 33435** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(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: **PAUL KEENEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05
Date

561-364-4159
Daytime Phone #