

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90086 014 \*\*\*158.75

**DOCUMENT # P05000051128**

1. Entity Name  
**R.C. KEANE ENTERPRISES, INC.**



Principal Place of Business  
**3134 TURTLE DOVE TR  
 DELAND, FL 32724**

Mailing Address  
**3134 TURTLE DOVE TR  
 DELAND, FL 32724**

2. Principal Place of Business  
*1528 Marsh Rabbit Way*

3. Mailing Address  
*1528 Marsh Rabbit Way*

Suite, Apt. #, etc.


City & State  
*Orange Park FL*

City & State  
*Orange Park FL*

Zip  
*32003*

Country  
*Clay*

**40053463**



02242006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**KEANE, CAROLE L  
 3134 TURTLE DOVE TR  
 DELAND, FL 32724**

4. FEI Number  
**20-2724907**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	DPT KEANE, CAROLE L 3134 TURTLE DOVE TR DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Carole L. Keane* **Carole L. Keane** *4-17-06 386-956-1267*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #