


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90191 023 \*\*\*150.00

<b>DOCUMENT # P05000109590</b>			
1. Entity Name KEHOE HOME IMPROVEMENTS INC.			
Principal Place of Business 134 ELIAM RD. MELROSE, FL 32666 US		Mailing Address 134 ELIAM RD. MELROSE, FL 32666 US	
2. Principal Place of Business 6596 BROOKLYN BAY RD Suite, Apt. #, etc.		3. Mailing Address 6596 BROOKLYN BAY RD Suite, Apt. #, etc.	
City & State KEYSTONE HEIGHTS FL		City & State KEYSTONE HEIGHTS FL	
Zip 32656		Zip 32656	
Country		Country	
4. FEI Number 20-3503931		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEHOE, KEVIN KEITH 134 ELIAM RD. MELROSE, FL 32666		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6596 BROOKLYN BAY RD City KEYSTONE HEIGHTS FL Zip Code 32656	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME KEHOE, KEVIN KEITH	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 134 ELIAM RD.	CITY-ST-ZIP MELROSE, FL 32666		NAME 6596 BROOKLYN BAY RD.
			STREET ADDRESS KEYSTONE HEIGHTS FL 32656
			CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	STREET ADDRESS		NAME
CITY-ST-ZIP	CITY-ST-ZIP		STREET ADDRESS
			CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	STREET ADDRESS		NAME
CITY-ST-ZIP	CITY-ST-ZIP		STREET ADDRESS
			CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	STREET ADDRESS		NAME
CITY-ST-ZIP	CITY-ST-ZIP		STREET ADDRESS
			CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	STREET ADDRESS		NAME
CITY-ST-ZIP	CITY-ST-ZIP		STREET ADDRESS
			CITY-ST-ZIP
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: <i>Kevin Keith Kehoe</i>		Date: 04.24.06 (352)235-6507	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Day and Phone #</small>	


50017204



04172006 Chg-P CR2E034 (11/05)

# ATTACHMENT

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000109590</b> 1. Entity Name <b>KEHOE HOME IMPROVEMENTS INC.</b>		
Principal Place of Business <b>134 ELIAM RD.          MELROSE, FL 32666 US</b>		Mailing Address <b>134 ELIAM RD.          MELROSE, FL 32666 US</b>
2. Principal Place of Business <b>6596 BROOKLYN BAY RD</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>6596 BROOKLYN BAY RD</b> <small>Suite, Apt. #, etc.</small>
City & State <b>KEYSTONE HEIGHTS FL</b>		City & State <b>KEYSTONE HEIGHTS FL</b>
Zip <b>32656</b>	Country	Zip <b>32656</b>
4. FEI Number <b>20-3503931</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b> <b>KEHOE, KEVIN KEITH          134 ELIAM RD.          MELROSE, FL 32666</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>6596 BROOKLYN BAY RD</b> City <b>KEYSTONE HEIGHTS FL</b> Zip Code <b>32656</b>
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 reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <b>P</b> NAME <b>KEHOE, KEVIN KEITH</b> STREET ADDRESS <b>134 ELIAM RD.</b> CITY-ST-ZIP <b>MELROSE, FL 32666</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE <b>6596 BROOKLYN BAY RD.</b> NAME <b>KEYSTONE HEIGHTS FL 32656</b> STREET ADDRESS <b>KEYSTONE HEIGHTS FL 32656</b> CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>SIGNATURE: _____</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date</small> _____ <small>Daytime Phone #</small> _____		

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COPY

COPY