


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91210 026 ***150.00

DOCUMENT # P94000071842	
1. Entity Name KEANE, REESE, VESELY & GERDES, P.A.	

Principal Place of Business 100 2D AVE SOUTH SUITE 1201 SAINT PETERSBURG, FL 33701	Mailing Address 100 2D AVE SOUTH SUITE 1201 SAINT PETERSBURG, FL 33701
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64000664

2. Principal Place of Business 770 2nd Avenue S.	3. Mailing Address Post Office Box 57
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04272004 Chg-P CR2E034 (10/03)

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33701	Country USA
Zip 33731-0057	Country USA

4. FEI Number 59-3269564	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KEANE, MICHAEL J 100 2D AVE SOUTH SUITE 1201 SAINT PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KEANE, MICHAEL 100 2ND AVE SOUTH ST. PETERSBURG, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only 770 2nd Avenue S. St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VESELY, SHIRIN M 100 2D AVE SOUTH SUITE 1201 SAINT PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only 770 2nd Avenue S. St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VESELY, BRANDON 100 2D AVE SOUTH SUITE 1201 SAINT PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only 770 2nd Avenue S. St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D GERDES, CHARLES W. 770 2nd Avenue S. St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 supplement thereto is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a shareholder 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 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/27/04	Daytime Phone # 823-5000
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