

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90478 020 ***150.00

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1. Entity Name

KEANE, REESE, VESELY & GERDES, P.A.



Principal Place of Business

770 2ND AVE. S
SAINT PETERSBURG, FL 33701

Mailing Address

P.O. BOX 57
SAINT PETERSBURG, FL 33731-0057

400070001



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3269564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEANE, MICHAEL J
7702ND AVE. S
SAINT PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 PSTD
NAME KEANE, MICHAEL
STREET ADDRESS 770 2ND AVE. S
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE VP
NAME VESELY, SHIRIN M
STREET ADDRESS 770 2ND AVE. S
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE VP
NAME VESELY, BRANDON
STREET ADDRESS 700 2ND AVE. S
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE D
NAME GERDES, CHARLES W
STREET ADDRESS 770 2ND AVE. S
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #