

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P94000071842**

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



04262007 No Chg-P CR2E034 (11/05)

**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, 2007 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**

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05/23/07-80013-020 150.00

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:** X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/26/07 (727) 823-5000