2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2008 8:00 am Secretary of State 02-01-2008 90020 021 ***150.00

DOCUMENT # P94000072648 1. Entity Name JAMES D. KEENEY, P.A.								02-01-200	J8 90020	7021 ***1	130.00	
Principal Place	of Busines:	s	Mailing Address									
100 WALLACE AVE			100 WALLACE AVE					0000001				
STE 210 Sarasota, Fl. 34237 US			STE 210	STE 210 SARASOTA, FL 34237 US			66002871					
JAIMJO IA, I	. 34237	03	JANA301A, FE 34237	UNIODOIN, IL DEZIT UD								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01302008	Chg-P	CR2E	034 (12/06)		
City & State			City & State	City & State			4. FEI Numb 65-052				oplied For of Applicable	
Zip	Country		Zip	Zip Coun		5. Certific		of Status Desired		\$8.75 Add	ditional	
6. Name and Address of Current			ent Registered Agent	Registered Agent			7. Name and	Address of Now	Registered	`		
		-			Name							
KEENEY, . 100 WALL STE 210				Street Ac	ddress (F	P.O. Box Numb	er is Not Acceptab	ole)				
SARASOTA, FL 34237												
					City		<u> </u>		FI	Zip Cod	6	
f. The above	named entit	v submits this statemen	t for the purpose of changing its	register	ed office or	register	ed agent, or bo	th in the State of F			and accept	
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, lyped	or printed name of registered ag	Deut auch ruse is abbarcapse (LAC):	E: Regratore	C Agent signatu	re reduked	when (enstated)	T	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										·		
10.		OFFICERS AF	ND DIRECTORS	11.		-	ADDITIONS	CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11	
TITLE	PSDT		☐ Delete	ħĭL	E	PSD	T TA	ME4 5		K Change	Addition	
NAME	-	JAMES D D HORSE CIR		NAME		KEE	NEY, JA CABANA	SOAD				
STREET ADDRESS CITY-ST-ZIP		TA, FL 34241			ET ADORESS -S1-Z/P	VEN.	ICE. FL	34293			}	
TITLE		-	Delete	7110	E					☐ Change	Addition	
HAME				NAM	E					_ •		
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NAME STREET ADDRESS				MAM	E Et address							
CITY-ST-ZIP					-ST-ZIP							
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NAME				HAM								
STREET ADDRESS CITY-ST-ZIP					ET ADORESS - ST-ZIP							
	Portifu that the	a information supplied :	with this filing door not explify to			ntained	in Charter 11	Borida Statutos	I hurther co	with that the i-	Mormatics	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Rorida 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: Ames D. Theney Janes D. KEENEY PSDT 3-3-08 941-309-0050 BIGHATURE AND TYPED OR PRINTERS AME OF BIGHING OFFICER OR DIRECTOR Day Day Day Day Day Day Day Da												
		SIGNATURE AND TYPED	OR PRINTED NAME OF BIGHING OFFICER	OR DIREC	TOR		•	Date		Daytime Phone #		