

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90068 011 \*\*\*150.00

**DOCUMENT # P97000028183**

1. Entity Name  
**RICHARD C. KEENE, ATTORNEY, P.A.**



40052290

Principal Place of Business  
**800-C THIRD STREET  
NEPTUNE BEACH, FL 32266 US**

Mailing Address  
**800-C THIRD STREET  
NEPTUNE BEACH, FL 32266 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc **Richard C. Keene Atty., P.A.**  
**1122 Third St. (Suite 6)**  
City & State **Neptune Beach, FL 32266**  
Zip **PH: 904-247-1600; FX: 247-1696**

04092006 Chg-P CR2E034 (11/05)

4. FEI Number **59-3446445** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEENE, RICHARD C**  
**800-C THIRD STREET**  
**NEPTUNE BEACH, FL 32266**

Name  
Street Address **PLEASE NOTE NEW ADDRESS:**  
**1122 Third St. (Suite 6)**  
City **Neptune Beach, FL 32266**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **CLINTON, RICHARD KEENE**  
STREET ADDRESS **733 BAY STREET**  
CITY-ST-ZIP **NEPTUNE BEACH, FL 32266**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 10 2006

904-247-1600

Date Daytime Phone #