


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90019 006 \*\*\*150.00

DOCUMENT # P98000001279	
1. Entity Name DEBORAH L. KEARNEY, P.A.	

Principal Place of Business 645 BREVARD AVE. COCOA VILLAGE, FL 32922 US	Mailing Address 645 BREVARD AVE. COCOA VILLAGE, FL 32922 US
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40110412



03162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3483433	Applied For 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  KEARNEY, DEBORAH L 645 BREVARD AVE. COCOA VILLAGE, FL 32922
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS KEARNEY, DEBORAH L 645 BREVARD AVE. COCOA VILLAGE, FL 32922
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IN THIS SPACE**

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:  DEBORAH L. KEARNEY 7/16/08 321 635-8533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEBORAH L. KEARNEY, D.D.S., P.A.  
Family and Cosmetic Dentistry

ATTACHMENT

Phone: (321) 635-8533  
Fax: (321) 635-8321

Florida Department of State, 410116412  
# P08000001279

We sent a check out on April 11, 2008  
in the amount of \$150<sup>00</sup>. It was  
check # 12775. I checked with bank and  
it has not cleared. I spoke with you  
on July 3rd and was told to issue another  
check for \$150<sup>00</sup>. You will find it enclosed.  
Please call if you have any questions

Deborah Kearney

DK/de