

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90018 019 \*\*\*150.00

**DOCUMENT # P98000102286**

1. Entity Name  
**KEEGAN HOMEBUILDERS, INC.**



Principal Place of Business  
**6086 GULF BREEZE PKWY  
UNIT C  
GULF BREEZE, FL 32563**

Mailing Address  
**POB 248  
GULF BREEZE, FL 32562-0248**

40050000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01142008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3546254**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**COLANGELO, BRIAN D  
4979 ELEA CALLE LN  
GULF BREEZE, FL 32563**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2008 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 **PSTD** ☐ Delete  
NAME **KEEGAN, WINJAM K**  
STREET ADDRESS **1726 MOHAWK TRL**  
CITY- ST- ZIP **GULF BREEZE, FL 32563**

TITLE ☐ Change ☐ Addition  
NAME **William K. Keegan**  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **V** ☐ Delete  
NAME **COLANGELO, BRIAN D**  
STREET ADDRESS **4979 ELEA CALLE LN**  
CITY- ST- ZIP **GULF BREEZE, FL 32563**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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: **William K. Keegan** 3/29/08 850-916-7135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #