2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000108380

1. Entity Name
JOHN M. KELLER, P.A.

40010400

01232008   Chg-P   CR2E034 (12/06)

Principal Place of Business	Mailing Address
297 N. BROAD ST. BROOKSVILLE, FL 34601	P.O. BOX 428 BROOKSVILLE, FL 34605

2. Principal Place of Business - No P.O. Box # 224 N. Broad St.	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State Brooksville, FL 34601	City & State	4. FEI Number 59-3552245	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
KELLER, JOHN M ~~297 N. BROAD ST.~~ 224 N. Bvdbr St. BROOKSVILLE, FL 34601	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 NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, JOHN M 5562 BIRCHWOOD RD. SPRING HILL, FL 34608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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: _John M. Keller_   _Jan. 23, 2008_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #