

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90004 038 ***550.00

DOCUMENT # P99000016992

1. Entity Name

KEENAN & KEENAN, INC.



Principal Place of Business

**12550 SO MILITARY TRAIL
9
BOYNTON BEACH FL 33436**

Mailing Address

**11880 NW 7TH ST
PLANTATION FL 33325**

44050712



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

5001 SW 163rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Southwest Ranches Fla

4. FEI Number

65-0902083

Applied For

Not Applicable

Zip

Country

Zip

Country

33331

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

**KEENAN, ROBERT M JR.
11880 NW 7TH ST
PLANTATION FL 33325**

Name

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

5001 SW 163rd Ave

City

Southwest Ranches FL

Zip Code

33331

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

Robert M. Keenan, JR.

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

**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	<input type="checkbox"/> Delete
NAME	KEENAN, ROBERT M JR.	
STREET ADDRESS	11880 NW 7TH ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEENAN, MARGARET B	
STREET ADDRESS	11880 NW 7TH ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	address
STREET ADDRESS	5001 SW 163rd Ave
CITY-ST-ZIP	Southwest Ranches, Fla 33331
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	address
STREET ADDRESS	5001 SW 163rd Ave
CITY-ST-ZIP	Southwest Ranches, Fla 33331
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 lines empowered.

SIGNATURE: **Margaret B Keenan** **7-23-2004** **954-610-2770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #