
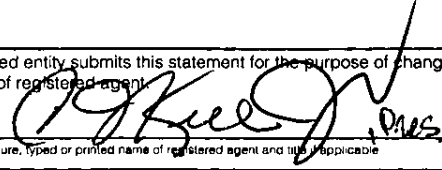
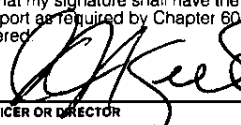


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S60845</b>		
1. Entity Name C. J. KEEL, JR., P.A.		
Principal Place of Business 4045 HENDERSON BLVD. TAMPA, FL 33629		Mailing Address 4045 HENDERSON BLVD. TAMPA, FL 33629
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  KEEL, C.J., JR. 3301 SAN NICHOLAS TAMPA, FL 33629		<b>DO NOT WRITE IN THIS SPACE</b>
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  C. J. Keel Jr. <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>		February 11, 2008 <small>DATE</small>
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEL, CLARENCE J., JR. 3301 SAN NICHOLAS TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 C. J. Keel Jr., Pres. 		February 11, 08 <small>813-282-3858</small> <small>Date Daytime Phone #</small>



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3069040

Applied For  
Not Applicable

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

U00000826359  
02/21/08-80046-017 150.00

**DO NOT WRITE  
IN THIS SPACE**