

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S91471

FILED  
Jan 12, 2004  
Secretary of State

**Entity Name:** KEENAN, HOPKINS SCHMIDT & STOWELL OF FT. MYERS, INC.

**Current Principal Place of Business:**

3915 RIGA BLVD  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

3215 RIGA BLVD  
TAMPA, FL 33619 US

**New Mailing Address:**

**FEI Number:** 65-0293835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOWELL, DAVID A  
3915 RIGA BLVD.  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CANNON, MICHAEL R  
Address: 648 HARBOR ISLAND  
City-St-Zip: CLEARWATER, FL 33767

Title: CEO ( ) Delete  
Name: STOWELL, DAVID  
Address: 4905 PROVIDENCE AVE.  
City-St-Zip: TAMPA, FL 33629

Title: TSD ( ) Delete  
Name: EHRLICH, STEVEN E  
Address: 14214 BRANBURY WAY  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DAVID A. STOWELL

CEO

01/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date