**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000072817

**FILED**
**Jan 15, 2020**
**Secretary of State**
**0297301139CC**

**Entity Name:** JENNIFER L. KEENAN, P.A.

**Current Principal Place of Business:**

2635 EDMUND DR
GULF BREEZE, FL 32563

**Current Mailing Address:**

2635 EDMUND DR
GULF BREEZE, FL 32563

**FEI Number: 46-0960418**

**Certificate of Status Desired:** No

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

KEENAN, SHAWN P
2635 EDMUND DR
GULF BREEZE, FL 32563 US

*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

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PRESIDENT, DIRECTOR | Title | TREASURER, SECRETARY, DIRECTOR |
| Name | KEENAN, JENNIFER L | Name | KEENAN, SHAWN P |
| Address | 2635 EDMUND DR | Address | 2635 EDMUND DR |
| City-State-Zip: | GULF BREEZE FL 32563 | City-State-Zip: | GULF BREEZE FL 32563 |

I *hereby 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 all other like empowered.*

SIGNATURE: SHAWN P KEENAN — TREASURER — 01/15/2020

Electronic Signature of Signing Officer/Director Detail — Date