

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 250357

1. Entity Name  
KEEN'S CORNER INC.



Principal Place of Business  
32700 US HIGHWAY 19 N.  
PALM HARBOR, FL 34684

Mailing Address  
32700 US HIGHWAY 19 N.  
PALM HARBOR, FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-0935585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name  
U.C.C. Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
526 East Park Avenue

City  
Tallahassee

FL

Zip Code  
32301

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

*Alison Hand, ASST sec*

ICC 885

4/29/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
PLANES, WILLIAM  
854 CYPRESS LAKEVIEW COURT  
TARPO SPRINGS, FL 34689 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DSVP  
WHITE, LANGFRED W  
2094 ASHBURY DRIVE  
CLEARWATER, FL 33764 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ASTC  
NOLL, DEBORAH  
4168 AMBER LANE  
PALM HARBOR, FL 34685 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
PLANES, REGINA M  
854 CYPRESS LAKEVIEW COURT  
TARPO SPRINGS, FL 34689 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
TAMMARO, ERNEST A  
6375 LONG KEY LANE  
BOYNTON BEACH, FL 33437 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000054125640  
05/10/05--01010--001 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 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 like empowered.

SIGNATURE:

*Langfred W White*

Langfred W. White

4/28/2005 727-781-9885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED MAY 02 2005

FILED  
05 APR 29 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

