

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 250357						<p style="font-size: 24px; margin: 0;">FILED</p> <p style="font-size: 18px; margin: 0;">05 NOV -4 PM 12:27</p> <p style="font-size: 14px; margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>			
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			09282005 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number 59-0935585		Applied For <input type="checkbox"/> Not Applicable	
City & State			City & State			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		Country	Zip		Country	6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
U.C.C. FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309						Name			
						Street Address (P.O. Box Number is Not Acceptable)			
						City			
						FL		Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD PLANES, WILLIAM <input type="checkbox"/> Delete 854 CYPRESS LAKEVIEW COURT TARPON SPRINGS, FL 34689				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100061637691 11/22/05--01089--006 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP WHITE, LANGFRED W <input type="checkbox"/> Delete 2094 ASHBURY DRIVE CLEARWATER, FL 33764				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTC NOLL, DEBORAH <input checked="" type="checkbox"/> Delete 4168 AMBER LANE PALM HARBOR, FL 34685				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PLANES, REGINA M <input type="checkbox"/> Delete 854 CYPRESS LAKEVIEW COURT TARPON SPRINGS, FL 34689				TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Vice President, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAMMARO, ERNEST A <input checked="" type="checkbox"/> Delete 6375 LONG KEY LANE BOYNTON BEACH, FL 33437				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>By: Langfred W. White as Sr. Vice President</u> 727-781-9885									