2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 269249

1. Entity Name
KEEN DEVELOPMENT CO.

Principal Place of Business	Mailing Address
3449 EAST MAIN STREET	2250 COTTONTAIL DR.
PAHOKEE, FL 33476	LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE

05022005   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-2177630

☐ Applied For
✓ Not Applicable

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

6. Name and Address of Current Registered Agent

KEEN, RICHARD C
2250 COTTONTAIL DR.
LOXAHATCHEE, FL 33470

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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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	KEEN, RICHARD C
STREET ADDRESS	2250 COTTONTAIL DR.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	ST
NAME	KEEN, FLORENCE
STREET ADDRESS	2250 COTTONTAIL DR.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   05-02-05   561-3997872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #