


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90011 021 ***150.00

DOCUMENT # 285802					
1. Entity Name R.J. KEEN & SON, INC.					
Principal Place of Business 115 R.J. KEEN RD LAKE WALES, FL 33898			Mailing Address 115 R.J. KEEN RD LAKE WALES, FL 33898		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1061053	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KEEN, JERRY R 115 R J KEEN RD LAKE WALES, FL 33853				Name: LAJUAIA KEEN Street Address (P.O. Box Number is Not Acceptable): 115 R J KEEN ROAD City: LAKE WALES, FL Zip Code: 33898	
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: <i>Lajuaia Keen</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when re-registering)</small> DATE: 4-3-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEEN, JERRY ROGER	NAME	DECEASED		
STREET ADDRESS	115 R J KEEN RD	STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES, FL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEEN, LAJUAIA	NAME	PD LAJUAIA KEEN		
STREET ADDRESS	115 R J KEEN RD	STREET ADDRESS	115 R J KEEN ROAD		
CITY-ST-ZIP	LAKE WALES, FL	CITY-ST-ZIP	LAKE WALES, FL. 33898		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	STD S ? STACY G. KEEN		
STREET ADDRESS		STREET ADDRESS	115 R J KEEN ROAD		
CITY-ST-ZIP		CITY-ST-ZIP	LAKE WALES, FL. 33898		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	V J JASON KEEN		
STREET ADDRESS		STREET ADDRESS	125 R J KEEN ROAD		
CITY-ST-ZIP		CITY-ST-ZIP	LAKE WALES, FL. 33898		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Lajuaia Keen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				LAJUAIA KEEN Date: 04-03-2006 Daytime Phone #: (863)696-1030	