

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 325990 1. Entity Name KEENE METAL FABRICATORS, INC.		
Principal Place of Business 5912 E. BROADWAY TAMPA, FL 33619		Mailing Address 5912 E. BROADWAY TAMPA, FL 33619
DO NOT WRITE IN THIS SPACE		 04092004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1206580 Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KEENE, FRED P. SR. 5914 E. BROADWAY TAMPA, FL 33619		DO NOT WRITE IN THIS SPACE
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 \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000162254 06/07/04-80005-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KEENE, FRED P. SR. 5914 E. BROADWAY TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEENE, FRED, JR. 5914 E. BROADWAY TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEENE, WILLIAM G. 5914 E. BROADWAY TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT KEENE, GARY E. 5914 E. BROADWAY TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Gary E. Keene</i> GARY E. Keene SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/4/04 813 621-2455 Date Daytime Phone #