

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 424496

FILED
Apr 14, 2009
Secretary of State

Entity Name: EVANS KEENER, INC.

Current Principal Place of Business:

94 CUNNINGHAM DR
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

94 CUNNINGHAM DR
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

94 CUNNINGHAM DR
HOME OFFICE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

94 CUNNINGHAM DR
HOME
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-1461453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BSFS- HAL HICKEY
6159 SEQUOIA DRIVE
DAYTONA BEACH, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEENER, EVANS
Address: 94 CUNNINGHAM DR
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: S () Delete
Name: KEENER, LYNN B
Address: 94 CUNNINGHAM DR.
City-St-Zip: NEW SMYRNA BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVANS KEENER

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date