2004 FOR PROFIT CORPORATION ANNUAL REPORT

Title:

Name:

Address:

City-St-Zip:

FILED Mar 29, 2004

	IENT# 686 [,]	102	Secretary of State
Entity Nan	ne: KEENE B	ROS., INC.	
Current Principal Place of Business:		of Business:	New Principal Place of Business:
	OO' LAKES BL AKES, FL 346		
Current Mailing Address:		s:	New Mailing Address:
4946 LANE LAND O' L	OO' LAKES BL AKES, FL 346	VD. 39	
FEI Number:	59-2037134	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:		urrent Registered Agent	: Name and Address of New Registered Agent:
	OBERT D EN CUTOFF AKES, FL 346	39 US	
The above in the State			he purpose of changing its registered office or registered agent, or both,
	of Florida.		he purpose of changing its registered office or registered agent, or both,
in the State	e of Florida.		
in the State	e of Florida. RE: Electron	submits this statement for t	
in the State SIGNATUF Election Can	e of Florida. RE: Electron	submits this statement for t ic Signature of Registered rust Fund Contribution ().	
in the State SIGNATUF Election Can	e of Florida. RE: Electron mpaign Financing S AND DIREC	submits this statement for to ic Signature of Registered In Trust Fund Contribution (). TORS: Delete RT D SR UTOFF	Agent Date
in the State SIGNATUR Election Can OFFICERS Title: Name: Address:	e of Florida. RE: Electron Inpaign Financing S AND DIREC P/D () KEENE, ROBEF 9118 EHREN CI LAND O' LAKES	ic Signature of Registered Trust Fund Contribution (). TORS: Delete RT D SR JTOFF S, FL 34639 Delete RT D JR. JTOFF	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CYNTHIA I HUGHES Τ 03/29/2004

() Delete

COFFIN, KIMBERLY

18507 BARTON DR

LUTZ, FL 33549

(X) Change () Addition

HUGHES, CYNTHIA I

14198 CINNAMAN LANE

WEEKI WACHEE, FL 34614