

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90282 002 ***150.00

DOCUMENT # 686152

1. Entity Name
KEENE BROS., INC.



Principal Place of Business
**4946 LAND O' LAKES BLVD.
LAND O' LAKES, FL 34639**

Mailing Address
**4946 LAND O' LAKES BLVD.
LAND O' LAKES, FL 34639**

40003600



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2037134

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEENE, ROBERT D
9118 EHREN CUTOFF
LAND O' LAKES, FL 34639**

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	KEENE, ROBERT D SR
STREET ADDRESS	9118 EHREN CUTOFF
CITY-ST-ZIP	LAND O' LAKES, FL 34639
TITLE	V
NAME	KEENE, ROBERT D JR.
STREET ADDRESS	9118 EHREN CUTOFF
CITY-ST-ZIP	LAND O' LAKES, FL 34639
TITLE	S
NAME	KEENE, DAVID T
STREET ADDRESS	1405 JENMAJO LANE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	T
NAME	HUGHES, CYNTHIA I
STREET ADDRESS	14198 CINNAMAN LANE
CITY-ST-ZIP	WEEKI WACHEE, FL 34614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Robert D Keene* *Cynthia I Hughes* 4-25-05 813.990.2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #