


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

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	



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2037134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent KEENE, ROBERT D 4946 LAND O LAKES BLVD LAND O' LAKES, FL 34639

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000899250 04/28/08-80031-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KEENE, ROBERT D SR 9237 HWY 230 UNADILLA, GA 31091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEENE, ROBERT D JR. 10294 MAYBIRD AVE WEEKIWACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEENE, DAVID T 3722 MANNINGS KNOLL LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUGHES, CYNTHIA I 14198 CINNAMAN LANE WEEKI WACHEE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Cynthia Hughes 4-11-08 813-990-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #