2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #687358

Entity Name
 KEEN'S FOODS, INC.



Principal Place of Business

C/O JERRY L KEEN 4905 N HIGHWAY A-1-A VERO BEACH, FL 32963-1204 US Mailing Address

C/O JERRY L KEEN 4905 N HIGHWAY A-1-A VERO BEACH, FL 32963-1204 US

FILED Mar 30, 2007 08:00 AM Secretary of State



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03212007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JERRY L. KEEN 4905 N. HIGHWAY A-1-A VERO BEACH, FL 32963

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	Signature, typed or printed name of registered agent and title if applicable,	(NOTE, Registered Agent signature required when reinstating)	D	ATE	_
SIGNATURE					_
the obliga	ations of registered agent.				·
o. me aboy	re named entity submits this statement for the purpose of chang	ging its registered office or registered agent, or both	i, in the State of Florida	i am tamiliar with, and ac	cept

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEEN, JERRY L. 685 COLONIAL DRIVE VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEEN, META C 685 COLONIAL DRIVE VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VD KEEN, JUDSON C 5814 22ND STREET VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEEN, JASON L 5845 39TH LANE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP-	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000683709 04/06/07-80003-009 150.00

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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: LEVERY L. REIN	JERRY L. KEEN, PRESIDE	NT 3/28/2007	772-231-8135
	NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #