## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2007 8:00 am Secretary of State

(407) 656-2291

Daytime Phone #

04/10/07

Date

DOCUMENT # K01503  1. Entity Name KEENE PROPERTIES, INC.								04-19-2007	' 90416 044 **	*15	0.00
Principal Place of Business Mailing Address P.O. BOX 770338 WINTER GARDEN, FL 34777-0338 WINTER GARDEN, FL 34777-0338					4777-0338		1 18818111 9111		W BITII BIBN BIBN BIBN BI	<b>5</b>    <b>5  5</b>	11 E)    1 <b>2 G</b>
Principal Place of Business - No P.O. Box # 3, Ma				Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02132007	Chg-P	CR2E034 (12	/06)	
City & State			City & State		4. FEI Number 59-2860437					plied For t Applicable	
Zip	Country		Zip					of Status Desired	Fee Required		
	6. Name an	d Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
RIFFLE, T	HOMAS R				MCPHERSON, REX V						
10 N SUMMERLIN AVE ORLANDO, FL 32801					Street Address (P.O. Box Number is Not Acceptable)						
					ORLANDO  City  ORLANDO  define or registered great, or both, in the State of Florida. Lam familiar w				Code 280	) <sub>_</sub>	
8. The above named en los submits this statement for the purpose of changing its register						NDC	)				
	rnamed entry su tions of registers	ibmits this statement to d agout	r the purpose of cr	nanging its register	ea office or re	egister	ed agent, or bo	in, in the State of Fi	onda. Tam iamiliar	WILIT, A	апо ассері
SIGNATURE	Signatura Todaya	inted name of registered agent		son, II	[ _ I	Presiden	<u> </u>	04/10/07		<del></del>	
	- Signatore, typed or pr	inted traine of registered agent	and the mappinguise	(NOTE: Migister			www.comstaturegy		<b>0</b>		
		E IS \$150.00 ee will be \$550.0	l -	on Campaign Finar Fund Contribution.	ncing		.00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	FICERS AND DIREC	TORS	S IN 11
TITLE	PD 🗆 D			Delele IIIU	TITLE PD				( <b>X</b> ) Cha	ange	Addition
NAME	MCPHERSO		NAM		_	MCPHERSON, 100 S EOLA		REX V			
STREET ADDRESS CITY-ST-ZIP	[	BUTLER BLVD RE, FL 34786			ET ADDRESS -ST-ZIP		LANDO FL		<u>.</u>		
TITLE	TSD X Delet								☐ Chi	ange	☐ Addition
NAME STREET ADDRESS	RIFFLE, THOMAS R.  10 N SUMMERLIN AVE 54				ET ADDRESS						
CITY-ST-ZIP	ORLANDO, F	-ST-ZIP									
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STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				СПУ	- ST- ZIP						
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NAME STREET ADDRESS	AME IREET ADDRESS				NAME STREET ADDRESS						
CITY-\$T-ZIP					-ST-ZIP						
12. I hereby a indicated of the corchanged	certify that the in f on this report or rporation or the , or on an atlach	formation supplied will r supplemental report is ectiver or trustee emp ment with an address,	This filing does no strue and accurate owered to execute with all other like e	ot qualify for the ex e and that my signa this report as requ mpowered.	emptions con ture shall hav red by Chapt	ntained re the ter 607	d in Chapter 119 same legal effec 7, Florida Statute	), Florida Statutes. It as if made under es; and that my name	I further certify that oath; that I am an o ne appears in Block	the in ifficer . 10 or	oformation or director Block 11 if

Rex V. McPherson, II

SIGNATURE: \_