

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2007 08:00 AM  
Secretary of State

DOCUMENT # K50463



1. Entity Name  
KEEN'S SALES & RENTALS, INC.

Principal Place of Business  
685 DYSON ROAD  
HAINES CITY, FL 33844 US

Mailing Address  
685 DYSON ROAD  
HAINES CITY, FL 33844 US



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2926294

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, STEPHEN F ATTO  
565 AVE K SE  
WINTER HAVEN, FL 33880

**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, 2007 Fee will be \$550.00**

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

U000000581896  
01/11/07-80010-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KEEN, EARLENE R
STREET ADDRESS	685 DYSON RD.
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	DVP
NAME	KIMBREL, BLAKE KEEN
STREET ADDRESS	685 DYSON RD
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	DT
NAME	DUNNAHOE, MELINDA KEEN
STREET ADDRESS	685 DYSON RD
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	DS
NAME	KIKER, SHELLY KEEN
STREET ADDRESS	685 DYSON RD
CITY-ST-ZIP	HAINES CITY, FL 33844
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Earlene R. Keen - Earlene R. Keen - Pres.* 1-8-07 863-421-6827