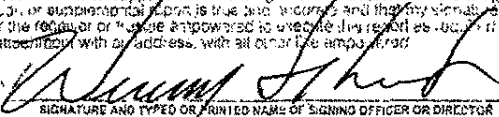


FILED**Jan 16, 2007 08:00 AM**
Secretary of State**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000087754 1. Entity Name WILLIAM S. KEENE, SR., P.A.		
Principal Place of Business 4425 S. HWY. 441, #80 OKEECHOBEE, FL 34974	Mailing Address 4425 S. HWY. 441, #80 OKEECHOBEE, FL 34974	
DO NOT WRITE IN THIS SPACE		
 01092007 No Chg-P CR2E034 (11/05)		
4. FZI Number 65-1040665		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KEENE, WILLIAM S SR. 4425 S. HWY. 441, #80 OKEECHOBEE, FL 34974		
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 _____ 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
10. OFFICERS AND DIRECTORS		U000000586233 01/16/07-80044-025 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD KEENE, WILLIAM S SR. 4425 S. HWY. 441, #80 OKEECHOBEE, FL 34974	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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 correct, 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 amendments.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-10-07 8637634010 Date Debiting Phone #