

2008 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

FILED
Mar 19, 2008 08:00 AM
Secretary of State



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1040665

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KEENE, WILLIAM S SR.
STREET ADDRESS	4425 S. HWY. 441, #80
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/08-80081-006 150.00

**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

3-16-08

Date

863-634-6797

Daytime Phone #