

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90008 019 ***158.75

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1. Entity Name
KEE-WEE'S, INC.



Principal Place of Business
**699 WEST JAMES LEE BLVD
CRESTVIEW, FL 32536**

Mailing Address
**699 WEST JAMES LEE BLVD
CRESTVIEW, FL 32536**

DO NOT WRITE IN THIS SPACE



07012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3708416

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDERSON, MITCHELL KEE
699 WEST JAMES LEE BLVD
CRESTVIEW, FL 32536**

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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 *M. K. Anderson* *Mitchell Kee Anderson* *7-4-06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP/Sec
NAME	ANDERSON, KEE
STREET ADDRESS	699 WEST JAMES LEE BLVD
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	BLOCKER, KEN W. VP/Treas
NAME	PO Box 639
STREET ADDRESS	Crestview, Fl.
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Kee Anderson* *Kee Anderson* *Pres.* *7-8-06* *950 537-6213*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #