

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000038950

Entity Name
KG PROPERTIES, INC.



Principal Place of Business
2652 VENETIAN WAY
GULF BREEZE, FL 32563

Mailing Address
2652 VENETIAN WAY
GULF BREEZE, FL 32563

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0427070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KEENAN, SHAWN P
2652 VENETIAN WAY
GULF BREEZE, FL 32563

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IN THIS SPACE**

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 registering.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000389542

01/23/06-80053-020 150.00

OFFICERS AND DIRECTORS

TVPD	KEENAN, SHAWN P
NAME	2652 VENETIAN WAY
STREET ADDRESS	GULF BREEZE, FL 32563
CITY, ST, ZIP	
PD	KEENAN, DON L
NAME	3880 HIDDEN OAK DR
STREET ADDRESS	PENSACOLA, FL 32504
CITY, ST, ZIP	
D	KEENAN, MARY M
NAME	3880 HIDDEN OAK DR
STREET ADDRESS	PENSACOLA, FL 32504
CITY, ST, ZIP	
SD	KEENAN, JENNIFER L
NAME	2652 VENETIAN WAY
STREET ADDRESS	GULF BREEZE, FL 32563
CITY, ST, ZIP	
STREET ADDRESS	
CITY, ST, ZIP	
STREET ADDRESS	
CITY, ST, ZIP	

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IN THIS SPACE**

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:

Shawn P. Keenan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shawn P. Keenan
V.P.

1/17/06 (850) 916 9704
Date Daytime Phone