


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90409 022 ***158.75

DOCUMENT # P02000077055 1. Entity Name KEENE PLAZA MANAGEMENT, INC.	
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Principal Place of Business 500 S FLORIDA AVE, STE 700 LAKELAND, FL 33801	Mailing Address 500 S FLORIDA AVE, STE 700 LAKELAND, FL 33801
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3051726	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AIRTH, H. ADAM JR 500 S FLORIDA AVE, STE 800 LAKELAND, FL 33801
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZWELL, LAWRENCE W 500 S FLORIDA AVE, STE 700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MAXWELL, LAWRENCE T 500 S. FLORIDA AVE., STE 700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EBDRUP, BRIDGET 500 S. FLORIDA AVE., STE 700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KELLEY, KIM 500 S. FLORIDA AVE., STE 700 LAKELAND, FL 33801
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 exemption stated in Section 119.07(3)(i), 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: <u>Kim S. Kelley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/29/04</u> <small>Date</small>	Daytime Phone # <u>863-647-1581</u> <small>Daytime Phone #</small>
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Kim S. Kelley