

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90107 031 ***158.75

DOCUMENT # P02000077055

1. Entity Name
 KEENE PLAZA MANAGEMENT, INC.



Principal Place of Business Mailing Address
 500 S FLORIDA AVE, STE 700 500 S FLORIDA AVE, STE 700
 LAKELAND, FL 33801 LAKELAND, FL 33801

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01182008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 74-3051726 Not Applicable

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

6. Name and Address of Current Registered Agent
 AIRTH, H. ADAM JR
 500 S FLORIDA AVE, STE 800
 LAKELAND, FL 33801

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	MAZWELL, LAWRENCE W	
STREET ADDRESS	500 S FLORIDA AVE, STE 700	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MAXWELL, LAWRENCE T	
STREET ADDRESS	500 S. FLORIDA AVE., STE 700	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	S	<input type="checkbox"/> Delete
NAME	EBDRUP, BRIDGET	
STREET ADDRESS	500 S. FLORIDA AVE., STE 700	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	AT	<input type="checkbox"/> Delete
NAME	KELLEY, KIM	
STREET ADDRESS	500 S. FLORIDA AVE., STE 700	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Kim S Kelley Kim S Kelley 4/21/08 863.647.1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR