

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90326 037 ***158.75

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1. Entity Name
ACCIDENT EXPERTS, INC.



Principal Place of Business
**6850 SR 50
GROVELAND, FL 34736**

Mailing Address
**6850 SR 50
GROVELAND, FL 34736**

14000816



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0847415

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KEENE, WILLARD R JR
1883 KNOOLCREST DR
CLEERMONT, FL 34711
*10030 Tween Waters St.
CLEERMONT, FL 34715*

**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, 2005 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, WILLARD R JR
STREET ADDRESS	6850 SR 50
CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	VD
NAME	KEENE, BRANDI L
STREET ADDRESS	6850 SR 50
CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	OD
NAME	KEENE, RICHARD W
STREET ADDRESS	6850 SR 50
CITY-ST-ZIP	GROVELAND, FL 34736
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 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:

Brandi A Keene
BRANDI KEENE

4/18/05
Date

407-970-0864
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR