

# FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000001298

1. Entity Name

KeinConstruction, Inc.



11 MAY 20 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

1001 Varona St

3. Mailing Address

1001 Varona St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Belleair FL

City & State

Belleair FL

4. FEI Number

86-1093349

Applied For

Not Applicable

Zip

33756

Country

USA

Zip

33756

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Registered Corporate Agent Services LLC

Street Address (P.O. Box Number is Not Acceptable)

31 Bohemia Circle S

City

Clearwater

FL

Zip Code

33767

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

May C. Noldgate

5/11/11

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

info@regcorp.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President  
William L. Kein  
1001 Varona St Belleair FL 33758

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

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05/09/11 01:00:00 025 11:00:00

5/16/11 727-458-4076