

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 31, 2005 8:00 am
Secretary of State

04-29-2005 90203 007 ***150.00

DOCUMENT # P04000101850 1. Entity Name KEEN MANOR, INC.																											
Principal Place of Business 5924 SANDSTONE AVENUE SARASOTA, FL 34243		Mailing Address 5924 SANDSTONE AVENUE SARASOTA, FL 34243																									
2. Principal Place of Business 710 N. Lemon Avenue Suite, Apt. #, etc.		3. Mailing Address 710 N. Lemon Avenue Suite, Apt. #, etc.																									
City & State Sarasota, FL Zip 34236		City & State Sarasota, FL Zip 34236																									
Country U.S.		Country U.S.																									
4. FEI Number 41-2143357		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GUEST, THERESA 5924 SANDSTONE AVENUE SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name Theresa Guest Street Address (P.O. Box Number is Not Acceptable) 710 N. Lemon Avenue City Sarasota FL Zip Code 34236																									
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: <u>Theresa Guest</u> DATE: <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GUEST, THERESA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5924 SANDSTONE AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA, FL 34243</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	GUEST, THERESA		STREET ADDRESS	5924 SANDSTONE AVENUE		CITY - ST - ZIP	SARASOTA, FL 34243		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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>Theresa Guest</u> Theresa Guest ✓		Date: <u>4/25/05</u> ✓ Daytime Phone #: <u>941-373-9100</u>																									

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