


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90815 019 ***150.00

DOCUMENT # P04000161034	
1. Entity Name KEEN FARM & GROVE SERVICE, INC.	

Principal Place of Business 314 15TH AVE W PALMETTO, FL 34221	Mailing Address 314 15TH AVE W PALMETTO, FL 34221
---	---

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

40091908



04262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
KEEN, CALLON C JR 314 15TH AVE W PALMETTO, FL 34221	

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEN, CALLON C JR	NAME	
STREET ADDRESS	314 15TH AVE W	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEN, SUSAN A	NAME	
STREET ADDRESS	314 15TH AVE W	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	DIRECTOR/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEN, JAMES W	NAME	P.O. BOX 709
STREET ADDRESS	POB 709	STREET ADDRESS	Parrish, FL 34219
CITY-ST-ZIP	PARRISH, FL 34219	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	DIRECTOR/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEN, CALLON C III	NAME	314 15TH AVE W
STREET ADDRESS	4508 3RD AVE E	STREET ADDRESS	PALMETTO, FL 34221
CITY-ST-ZIP	BRADENTON, FL 34208	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Susan A. Keen</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Susan A. KEEN	Date 4-26-07	Daytime Phone # 941-722-1167
--	--	----------------------------	--