

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155259

FILED
Apr 25, 2011
Secretary of State

Entity Name: ALICIA PRICE KEENER, INC.

Current Principal Place of Business:

1117 BAY BREEZE DRIVE
SAINT AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

1117 BAY BREEZE DRIVE
SAINT AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 20-3825624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEENER, ALICIA P
1117 BAY BREEZE DRIVE
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: KEENER, ALICIA P
Address: 1117 BAY BREEZE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: PRES
Name: KEENER, ALICIA P
Address: 1117 BAY BREEZE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: VP
Name: KEENER, ALICIA P
Address: 1117 BAY BREEZE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: SEC
Name: KEENER, ALICIA P
Address: 1117 BAY BREEZE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: TREA
Name: KEENER, ALICIA P
Address: 1117 BAY BREEZE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALICIA PRICE KEENER

PST

04/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date