## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 21, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P06000008906 KEENER IRRIGATION SYSTEM SERVICES, INC. Principal Place of Business Mailing Address 7511 DARTMOUTH AVENUE N 7511 DARTMOUTH AVENUE N ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710 02112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2558580 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KEENER, RICHARD DO NOT WRITE 7511 DARTMOUTH AVENUE N ST PETERSBURG, FL 33710 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KEENER, RICHARD 7511 DARTMOUTH AVENUE N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33710 U00000834132 02/28/08-80038-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filling 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.

TITLE
NAME
STREET ADDRESS
CATY-ST-ZIP

SIGNATURE: Muhand S. Keens RICHARD S. KEENER 2-18-08 (727) 381-3408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daysons Program