

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P33359	
1. Entity Name KEEN AND KEEN, INCORPORATED	

Principal Place of Business 1766S8THST FERNANDINABCH.,FL32034JS	Mailing Address 3044ROBERTOLIVESAVENUE FERNANDINABEACH,FL32034JS
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07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1455390	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JACOBS, ARTHUR I., P.A. 804 ATLANTIC AVE FERNANDINA BEACH, FL 32034	DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

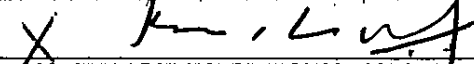
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MAYES, TERESITA C 3044 ROBERT OLIVER AVE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WONG, KEEN L 1766 S. 8TH STREET FERNANDINA BEACH, FL 32034
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/27/06-80008-025 150.00

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____