2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

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1. Entity Name

KEEN AND KEEN, INCORPORATED



Principal Place of Business

Mailing Address

1766 S 8TH ST

FERNANDINA BCH., FL 32034 US

3044 ROBERT OLIVES AVENUE FERNANDINA BEACH, FL 32034

US



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01212007	No Cha-P	CR2E034 (11/05)	

4. FEI Number Applied For 65-1455390 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

			4,					
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.	Signature, typed or printed name of registered agent and title	If applicable (NOTE Re	ngistared Agent signature	required when reinstating)	DATE			
	ag ata a, good or printed tarred or regulation again and the	a apparation (note: no	good Agon a grand	required when remaining/	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS	ı					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MAYES, TERESITA C 3044 ROBERT OLIVER AVE FERNANDINA BEACH, FL 32034		<u>i</u> '					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WONG, KEEN L 1766 S. 8TH STREET FERNANDINA BEACH, FL 32034			i.	U00000749265 05/18/07-80017-008·150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		ņi	DO	NOT WRITE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			!					
12. I hereby o	certify that the information supplied with this fil	ling does not qualify for the	e exemptions con	tained in Chapter 119	9, Florida Statutes. I further certify that the information			

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-27-07

PRESIDENT

Daytime Phone #