


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P33359 1. Entity Name KEEN AND KEEN, INCORPORATED	
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Principal Place of Business 1766 S 8TH ST FERNANDINA BCH., FL. 32034 US	Mailing Address 3044 ROBERT OLIVES AVENUE FERNANDINA BEACH, FL 32034 US
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DO NOT WRITE IN THIS SPACE



08202008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1455390	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JACOBS, ARTHUR L., P.A. 804 ATLANTIC AVE FERNANDINA BEACH, FL 32034
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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08/25/08-80005-010 150.00

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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	8-21-08 (904) 277-8782 Date: _____
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