


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90028 041 ***150.00

DOCUMENT # P95000067370	
1. Entity Name KEENE ENGINEERING, INC.	

Principal Place of Business 9101 WEST COLLEGE POINTE DR SUITE 1 FT MYERS FL 33919 US	Mailing Address 10 GEORGETOWN FT MYERS FL 33919
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2. Principal Place of Business - No P.O. Box # 10970 S Cleveland Avenue	3. Mailing Address 10970 S Cleveland Ave
Suite, Apt. #, etc. Suite 303	Suite, Apt. #, etc. Suite 303
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33907	Country Lee

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0609497		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KEENE, WILLIAM T 10 GEORGE TOWN FT MYERS FL 33919		7. Name and Address of New Registered Agent
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		FL Zip Code

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: *William T. Keene* *William T. Keene* *2-12-07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST KEENE, WILLIAM T 10 GEORGE TOWN FT MYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William T. Keene* *2-12-07* *239-939-0524*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #