

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000155259

**Entity Name:** ALICIA PRICE KEENER, INC.

**Current Principal Place of Business:**

1117 BAY BREEZE DRIVE  
SAINT AUGUSTINE, FL 32092

**Current Mailing Address:**

1117 BAY BREEZE DRIVE  
SAINT AUGUSTINE, FL 32092 US

**FEI Number:** 20-3825624

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KEENER, ALICIA P  
1117 BAY BREEZE DRIVE  
SAINT AUGUSTINE, FL 32092 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name KEENER, ALICIA P  
Address 1117 BAY BREEZE DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title PRES  
Name KEENER, ALICIA P  
Address 1117 BAY BREEZE DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title VP  
Name KEENER, MICHAEL L  
Address 1117 BAY BREEZE DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title SEC  
Name KEENER, ALICIA P  
Address 1117 BAY BREEZE DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title TREA  
Name KEENER, ALICIA P  
Address 1117 BAY BREEZE DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32092

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALICIA PRICE KEENER

**OWNER / PRESIDENT**

**02/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date