

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90026 020 ***150.00

60023331



03282008 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2860437** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # K01503
 1. Entity Name
KEENE PROPERTIES, INC.



Principal Place of Business
P.O. BOX 770338
WINTER GARDEN, FL 34777-0338

Mailing Address
P.O. BOX 770338
WINTER GARDEN, FL 34777-0338

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MCPHERSON, REX V
100 S EOLA DR #710
ORLANDO, FL 32801

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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCPHERSON, REX V 100 S. EOLA DR #710 ORLANDO, FL 32801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: **Rex V. McPherson, II** **04/10/08** **(407) 656-2291**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #