


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M65188
 1. Entity Name
 KECK GROVES, INCORPORATED



Principal Place of Business: 2302 FAIRMOUNT AVE
 LAKELAND, FL 33803 US

Mailing Address: 2302 FAIRMOUNT AVE
 LAKELAND, FL 33803 US

DO NOT WRITE IN THIS SPACE



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2870283 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 KECK, KENNETH
 2302 FAIRMOUNT AVE
 LAKELAND, FL 33803

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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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	VD KECK, JAMES M PO BOX 1401 DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KECK, KENNETH O 2302 FAIRMOUNT AVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KECK, JANET L 413 NE LAKEVIEW DR SEBRING, FL 33870
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 03/25/05-80017-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X K A K L 21 MARCH 2005 863 682826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #