


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90007 001 ***150.00

DOCUMENT # M65188 1. Entity Name KECK GROVES, INCORPORATED	
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Principal Place of Business 2302 FAIRMOUNT AVE LAKELAND, FL 33803 US	Mailing Address 2302 FAIRMOUNT AVE LAKELAND, FL 33803 US
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2870283	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

KECK, KENNETH
2302 FAIRMOUNT AVE
LAKELAND, FL 33803

**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: KJA KI KENNETH KECK, Sec'y/Treas. 17 FEB 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

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 <i>860 GARRISON ST LAKEWOOD, CO 80215</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: KJA KI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 FEB 07 863.499.2378
Date Daytime Phone #