2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State
01-17-2008 90030 049 ***150.00

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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

01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2870283

Applied For
Not Applicab

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 accep the obligations of registered agent.

SIGNATURE _____
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, 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	VD
NAME	KECK, JAMES M
STREET ADDRESS	PO BOX 1401
CITY-ST-ZIP	DELAND, FL 32721
TITLE	STD
NAME	KECK, KENNETH O
STREET ADDRESS	2302 FAIRMOUNT AVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	PD
NAME	KECK, JANET L
STREET ADDRESS	860 GARRISON STREET
CITY-ST-ZIP	LAKEWOOD, CO 80215
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 i changed, or on an attachment with an address, with all other like empowered.

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