# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2009**
**Secretary of State**

DOCUMENT# F96000000644

**Entity Name:** KEYSTONE RV COMPANY

**Current Principal Place of Business:**

2642 HACKBERRY DR.
GOSHEN, IN 46526 US

**New Principal Place of Business:**

**Current Mailing Address:**

2642 HACKBERRY DR.
GOSHEN, IN 46526 US

**New Mailing Address:**

2642 HACKBERRY DR.
P.O. BOX 2000
GOSHEN, IN 46526 US

**FEI Number: 34-1969649** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete
Name: DAVIS, H. COLEMAN III
Address: 4790 N. VIA DE LA GRANJA
City-St-Zip: TUSCON, AZ 85718

Title: P ( ) Delete
Name: FENECH, RON
Address: 11390 CR 14
City-St-Zip: MIDDLEBURY, IN 46540

Title: P ( ) Delete
Name: FENECH, RON
Address: 11390 CR 14
City-St-Zip: MIDDLEBURY, IN 46540

Title: VPS ( ) Delete
Name: BENNETT, WALTER
Address: 952 WINFIELD CRT
City-St-Zip: SIDNEY, OH 45365

Title: VPS ( ) Delete
Name: BENNETT, WALTER
Address: 952 WINFIELD CT.
City-St-Zip: SIDNEY, OH 45365

Title: VPAS ( ) Delete
Name: THOMAS, DAVID G
Address: 3201 CHERRY TREE LANE
City-St-Zip: ELKHART, IN 46516

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID G. THOMAS VPAS 01/14/2009
Electronic Signature of Signing Officer or Director Date