


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000000145
 1. Entity Name
 KEYSTONE AMERICA, INC.



Principal Place of Business 400 N. ASHLEY DRIVE SUITE 1900 TAMPA, FL 33602	Mailing Address 400 N. ASHLEY DRIVE SUITE 1900 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3416941	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 VON HORN, BRENT N
 100 N. TAMPA, SUITE 3100
 TAMPA, FL 33602

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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, 2004 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 HORN, ROBERT G 400 N. ASHLEY DRIVE, SUITE 1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD TIDWELL, STEVEN A 400 N. ASHLEY DRIVE, SUITE 1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS PRICE, JAMES D 400 N. ASHLEY DRIVE, SUITE 1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SHAFFER, STEPHEN 400 N. AHSLEY DRIVE, SUITE 1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS VAN HORN, BRENT 400 N. ASHLEY DRIVE, SUITE 1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/06/04-80036-021 150.00

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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)(i), 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: Brent N. Von Horn, SVP 1-7-04 813/225-4650
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #