## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 05, 2004 08:00 AM **Secretary of State** DOCUMENT # K23109 KEYS ACCOUNTING & TAX SERVICE, INC. Principal Place of Business Mailing Address P.O. BOX 1578 P.O. BOX 1578 KEY LARGE, FL 33037 KEY LARGE, FL 33037 CR2E034 (10/03) 03022004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number 65-0045773 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent OVERFIELD, RICHARD DO NOT WRITE 137 SAN MARCO DR. ISLAMORADA, FL 33036 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000077140 03/05/04-80030-008 150.00 OVERFIELD, DEBRA A. NAME 137 SAN MARCO DR. STREET ADDRESS City-ST-ZiP ISLAMORADA, FL 33036 DPT THILE OVERFIELD, RICHARD L. NAME STREET ADDRESS 137 SAN MARCO DR. ISLAMORADA, FL 33036 CITY-ST-ZIP TETLE NAME STREET ADDRESS DO NOT WRITE CRTY-ST-ZIP IN THIS SPACE THILE NAME STREET ADDRESS CITY-ST-ZIP 3133 F NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 repervey 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/204

300 (0)-3464

**FILED** 

Daytime Phone #