

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000065659

1. Entity Name
KEYSTONE BAY AREA CORPORATION



Principal Place of Business
371 SCARLET BLVD
OLDSMAR, FL 34677

Mailing Address
371 SCARLET BLVD
OLDSMAR, FL 34677



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3270276

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, JAMES A III
371 SCARLET BLVD
OLDSMAR, FL 34677

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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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

04/12/04-80027-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRADLEY, JAMES A III
STREET ADDRESS	371 SCARLET BLVD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	BRADLEY, MARY KAY
STREET ADDRESS	371 SCARLET BLVD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	FORNWALT, ROBERT
STREET ADDRESS	371 SCARLET BLVD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	JAMIE K. FORNWALT
STREET ADDRESS	371 SCARLET BLVD
CITY-ST-ZIP	OLDSMAR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Bradley

4-6-04

Date

Daytime Phone #

813-854-2342