

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90116 022 ***150.00

DOCUMENT # H22871

1. Entity Name
KEYSTONE EXCAVATORS, INC.



Principal Place of Business

**371 SCARLET BLVD
OLDSMAR, FL 34677 US**

Mailing Address

**371 SCARLET BLVD
OLDSMAR, FL 34677 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2447174

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**

**DO NOT WRITE
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BRADLEY, JAMES A., III
STREET ADDRESS	371 SCARLET BLVD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	DST
NAME	BRADLEY, MARY KAY
STREET ADDRESS	371 SCARLET BLVD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	DV
NAME	FORNWALT, ROBERT
STREET ADDRESS	371 SCARLET BLVD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	FORNWALT, JAMIE K
STREET ADDRESS	371 SCARLET BLVD
CITY-ST-ZIP	OLDSMAR, FL
TITLE	D
NAME	AUERBACH, AMY K
STREET ADDRESS	371 SCARLET BLVD
CITY-ST-ZIP	OLDSMAR, FL
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 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: *R.C. Lynette* **V.P.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2005 813-854-2342
Date Daytime Phone #