

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 251240

**FILED**  
**Dec 21, 2007**  
**Secretary of State**

**Entity Name:** KEYS ARMORED EXPRESS INC

**Current Principal Place of Business:**

1517 DENNIS ST.  
P O BOX 1273  
KEY WEST, FL 33040

**New Principal Place of Business:**

1517 DENNIS ST.  
KEY WEST, FL 33040

**Current Mailing Address:**

1517 DENNIS ST.  
P O BOX 1273  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 59-0932190      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ALLEN, JOSEPH B. III  
604 WHITEHEAD STREET  
KEY WEST, FL 33040      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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COBO, ARTURO  
Address: 21 CYPRESS AVE  
City-St-Zip: KEY HAVEN, FL 33040

Title: VP ( ) Delete  
Name: DEGRAFFENREID, ELSA  
Address: 2102 SEIDENBERG AVE  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: TR ( ) Change (X) Addition  
Name: DEGRAFFENREID, KEVIN E SR  
Address: 2102 SEIDENBERG AVE  
City-St-Zip: KEY WEST, FL 33040

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: ELSA DEGRAFFENREID

VP

12/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date