

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 424957</b>	
1. Entity Name <b>KEYSTONE MECHANICAL, INC.</b>	
Principal Place of Business <b>3550 OLD WINTER GARDEN ROAD ORLANDO, FL 32805</b>	Mailing Address <b>3550 OLD WINTER GARDEN ROAD ORLANDO, FL 32805</b>



**DO NOT WRITE IN THIS SPACE**

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1459276</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**JOHNSTON, CHARLES  
3550 OLD WINTER GARDEN RD  
ORLANDO, FL 32805**

**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

**1000000223527  
02/10/05-80046-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	JOHNSTON, CHARLES
STREET ADDRESS	3550 OLD WINTER GARDEN RD
CITY-ST-ZIP	ORLANDO, FL

TITLE	V
NAME	JOHNSON, KEITH
STREET ADDRESS	3550 OLD WINTER RD.
CITY-ST-ZIP	ORLANDO, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(f), 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

*Vice President*

Date

Daytime Phone #

**407-298-0970**