

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # 424957

1. Entity Name

KEYSTONE MECHANICAL, INC.



Principal Place of Business

3550 OLD WINTER GARDEN ROAD
ORLANDO FL 32805

Mailing Address

3550 OLD WINTER GARDEN ROAD
ORLANDO FL 32805



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1459276

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSTON, CHARLES
3550 OLD WINTER GARDEN RD
ORLANDO FL 32805

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 or director

NOTE: Registered Agent signature required when changing agent

DATE

3-7-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State...

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSTON, CHARLES	
STREET ADDRESS	3550 OLD WINTER GARDEN RD	
CITY- ST- ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, KEITH	
STREET ADDRESS	3550 OLD WINTER RD.	
CITY- ST- ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRIS, BARBARA	
STREET ADDRESS	3550 OLD WINTERGARDEN RD	
CITY- ST- ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000854712	
STREET ADDRESS	03/27/08-80019-014 150.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Date

Desktop Form #

3-7-08