


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 732280 1. Entity Name KEYSTONE HEIGHTS VOLUNTEER FIRE DEPARTMENT, INC.	
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Principal Place of Business 120 FLAMINGO ST. KEYSTONE HGTS., FL 32656	Mailing Address PO BOX 576 KEYSTONE HGTS., FL 32656
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01142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1612806	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, JACK F JR 7066 IMMOKALEE RD KEYSTONE HEIGHTS, FL 32656
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**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 _____

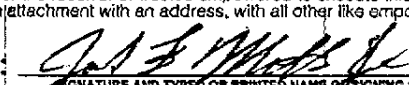
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, SALLY A 1355 SOUTH LAWRENCE BOULEVARD KEYSTONE HGTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAYERS, KEN 8644 BROOKLYN BAY RD KEYSTONE HGTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTON, CAROL 7979 BREEZY POINT ROAD EAST KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAFT, JANET C 6876 COUNTY ROAD 214 KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, JACK F JR 7066 IMMOKALEE RD. KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, JOAN 420 SW DOVE ST KEYSTONE HEIGHTS, FL 32656

**DO NOT WRITE
IN THIS SPACE**

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02/24/06-80023-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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:  **2/13/06** **352-473-3630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #