


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90006 014 \*\*\*\*61.25

**DOCUMENT # 734026**

1. Entity Name  
**KEYSTONE SENIOR SERVICE, INC.**



Principal Place of Business 125 COMMERCIAL AVE. P.O. BOX 363 KEYSTONE HEIGHTS, FL 32656 US	Mailing Address P.O. BOX 363 P.O. BOX 363 KEYSTONE HEIGHTS, FL 32656 US
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01172004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

**6. Name and Address of Current Registered Agent**

**GREEN, LLOYD A.**  
**335 E. LAKEVIEW DR.**  
**P.O. BOX 35**  
**KEYSTONE HGHTS, FL 32660**

**7. Name and Address of New Registered Agent**

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, JAMES <input type="checkbox"/> Delete 610 SE LAKEVIEW DRIVE KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, EDITH B <input type="checkbox"/> Delete 610 SE LAKEVIEW DRIVE KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD STRUNK, EVELYN <input type="checkbox"/> Delete 6717 CRYSTAL LAKE RD KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARMITAGE, MARY <input type="checkbox"/> Delete 8114 GUSTAFSON RD. KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARLOW, MARGE <input type="checkbox"/> Delete 6328 BUCKNEL AVE KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OM ROHLIN, EVELYN <input checked="" type="checkbox"/> Delete P.O. BOX 144 KEYSTONE HEIGHTS, FL 32650

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAN PICKINS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7065 GATOR BOGS RD KEYSTONE HTS FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES DAVIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 610 SE LAKEVIEW DR 106 KEYSTONE HTS FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OM MARGE BARLOW <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 S. WATER ST #502 STALKE FL 32091

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 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:** Edith Davis 1/20/04 352-4173-7780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #