


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

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90006 024 \*\*\*\*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**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01102006 Chg-NP CR2E037 (11/05)

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP**  Delete  
 NAME **PICKINS, DAN**  
 STREET ADDRESS **7065 GATOR BOOS RD**  
 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

Change  Addition

TITLE **TD**  Delete  
 NAME **GREEN, LLOYD A**  
 STREET ADDRESS **335 LAKEVIEW DR**  
 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

Change  Addition

TITLE **RSD**  Delete  
 NAME **STRUNK, EVELYN**  
 STREET ADDRESS **6717 CRYSTAL LAKE RD**  
 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

Change  Addition

TITLE **S**  Delete  
 NAME **ARMITAGE, MARY**  
 STREET ADDRESS **8114 GUSTAFSON RD.**  
 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

Change  Addition  
 NAME **Norma Sheldon**  
 STREET ADDRESS **6308 Bowdoin Ave**  
 CITY-ST-ZIP **Keystone Heights FL 32656**

TITLE **PD**  Delete  
 NAME **DAVIS, JAMES**  
 STREET ADDRESS **610 SE LAKE VIEW DRIVE**  
 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

Change  Addition

TITLE **OM**  Delete  
 NAME **BATLOW, MARGE**  
 STREET ADDRESS **801 S. WATER ST. 502**  
 CITY-ST-ZIP **STARKE, FL 32091**

Change  Addition  
 NAME **OM Norma Compaine**  
 STREET ADDRESS **6308 Bowdoin Ave**  
 CITY-ST-ZIP **Keystone Heights FL 32656**

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: Lloyd A. Green  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/18/06 352-473-3577  
Date Daytime Phone #