

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734026

FILED
Jan 13, 2009
Secretary of State

Entity Name: KEYSTONE SENIOR SERVICE, INC.

Current Principal Place of Business:

125 COMMERCIAL AVE.
P.O. BOX 363
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

125 COMMERCIAL AVE.
KEYSTONE HEIGHTS, FL 32656 US

Current Mailing Address:

P.O. BOX 363
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

125 COMMERCIAL AVE
KEYSTONE HEIGHTS, FL 32656 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GREEN, LLOYD A.
335 E. LAKEVIEW DR.
KEYSTONE HGHTS, FL 32660 US

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.

SIGNATURE: _____ 01/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PICKENS, DAN
Address: 7065 GATOR BONE RPAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VP () Delete
Name: LEE, BILL
Address: 7729 BEACHVIEW STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: RS () Delete
Name: HUNHOLZ, HOLLY
Address: 6489 BROOKLYN BAY ROAD, P.O. BOX 1520
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: T () Delete
Name: CALE, PAULINE
Address: 6491 LOCH LOMMOND DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: OM () Delete
Name: CARROLL, BARBARA
Address: 125 COMMERCIAL AVENUE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL LEE VP 01/13/2009
Electronic Signature of Signing Officer or Director Date