

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90072 040 ****70.00

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1. Entity Name

THE KEYSTONE ARMS, INC.



Principal Place of Business

13105 IXORA COURT
PO BOX 108
N MIAMI FL 33181-2317

Mailing Address

13105 IXORA COURT
PO BOX 108
N MIAMI FL 33181-2317

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

59-0882615

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHCOM, ANDREW B
13105 IXORA CT
APT-105
NORTH MIAMI FL 33181

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	DP	<input type="checkbox"/> Delete
NAME	ASHCOM, ANDREW	
STREET ADDRESS	13105 IXORA CT.	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEINBERG, JAY	
STREET ADDRESS	13105 IXORA COURT	
CITY-ST-ZIP	N MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	NEWHOUSE, RICHARD	
STREET ADDRESS	13105 IXORA CT	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, ROBERT	
STREET ADDRESS	13105 IXORA COURT	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, BEN	
STREET ADDRESS	13105 IXORA CT	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOWLER, ANN	
STREET ADDRESS	13105 IXORA CT	
CITY-ST-ZIP	NORTH MIAMI FL 33181	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINBERG, JAY	
STREET ADDRESS	13105 IXORA COURT	
CITY-ST-ZIP	N MIAMI, FL 33181	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGDA HERNANDEZ	
STREET ADDRESS	13105 IXORA COURT	
CITY-ST-ZIP	N MIAMI, FL 33181	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRA VELASCO	
STREET ADDRESS	13105 IXORA CT.	
CITY-ST-ZIP	N MIAMI, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

Andrew B. Ashcom / ANDREW B. ASHCOM 1/24/05 (305) 891-5628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #