## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # F01000001021**

KEYŚTONE COAL COMPANY



Principal Place of Business

1375 JACKSON STREET, STE 401 FORT MYERS, FL 33901

Mailing Address

1375 JACKSON STREET, STE 401 FORT MYERS, FL 33901

## **FILED** Mar 13, 2008 08:00 AN Secretary of State



01212008 DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 23-2331594

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

for the pre-weathering pri-

SCHOLL, TOM

## NOT WOITE

1375 JACKSON STREET FORT MYERS, FL 33901			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					
. FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	cing .	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOLL, TOM 1375 JACKSON STREET, STE 401 FORT MYERS, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHUNG, IN Y 1375 JACKSON STREET, STE 401 FORT MYERS, FL				000000856938 03/28/08-80032-013 150.00
NAME STREET ADDRESS CITY-ST-ZIP	STD -BRYSON, JOHN			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY_ST-ZIP	e Maria de la compansa del compansa del compansa de la compansa de				
TITLE NAME STREET ADDRESS				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment

**SIGNATURE:** 

CITY-ST-ZIP

Daytime Phone #