

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001442

FILED
Jan 05, 2004
Secretary of State

Entity Name: KEYSTATE MARKETING ASSOCIATES, INC.

Current Principal Place of Business:

11385 N. TRIMBLE ROAD
ROBINSON, IL 62454

New Principal Place of Business:

Current Mailing Address:

PO BOX 676
ROBINSON, IL 62454

New Mailing Address:

FEI Number: 37-1108576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: CONNELL, THOMAS E
Address: 11385 N. TRIMBLE ROAD
City-St-Zip: ROBINSON, IL 62454

Title: DV () Delete
Name: LATHAM, JESS B III
Address: 2025 SOUTH HUGHES
City-St-Zip: AMARILLO, TX 791092265

Title: DV () Delete
Name: LATHAM, JESS B IV
Address: 2025 SOUTH HUGHES
City-St-Zip: AMARILLO, TX 791092265

Title: TSD () Delete
Name: LATHAM, LARRY L
Address: 2025 SOUTH HUGHES
City-St-Zip: AMARILLO, TX 791092265

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E CONNELL

PC

01/05/2004

Electronic Signature of Signing Officer or Director

Date