

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005999		
1. Entity Name KEY GOVERNMENT FINANCE, INC.		

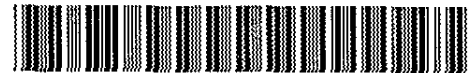
Principal Place of Business 1000 MCCASLIN BLVD SUPERIOR CO 80027	Mailing Address 1000 MCCASLIN BLVD SUPERIOR CO 80027
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name Street Address (P.O. Box Number is Not Acceptable) City	
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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 reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

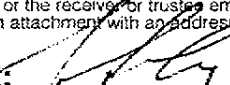
10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	BOHAN, GREGORY	
STREET ADDRESS	1000 MCCASLIN BLVD	
CITY - ST - ZIP	SUPERIOR CO 80027	
TITLE	VP	☐ Delete
NAME	SEYBOLD, THOMAS	
STREET ADDRESS	1000 MCCASLIN BLVD	
CITY - ST - ZIP	SUPERIOR CO 80027	
TITLE	T	☐ Delete
NAME	PFEIFFENBERGER, JOHN	
STREET ADDRESS	1000 MCCASLIN BLVD	
CITY - ST - ZIP	SUPERIOR CO 80027	
TITLE	S	☐ Delete
NAME	EARLY, JEANNE	
STREET ADDRESS	1000 MCCASLIN BLVD	
CITY - ST - ZIP	SUPERIOR CO 80027	
TITLE	D	☐ Delete
NAME	LARSON, KAREN	
STREET ADDRESS	1000 MCCASLIN BLVD	
CITY - ST - ZIP	SUPERIOR CO 80027	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ 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 607, 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:  **Jeanne Early, Secretary** 2/26/04 720-304-1125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #