

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000007642

1. Entity Name
KEYSTON BROS., INC.



Principal Place of Business
1000 HOLCOMB WOODS PKWY, SUITE 417
ROSWELL, GA 30076

Mailing Address
1000 HOLCOMB WOODS PKWY, SUITE 417
ROSWELL, GA 30076

DO NOT WRITE IN THIS SPACE

**FILED
Feb 14, 2008 08:00 AM
Secretary of State**



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 94-0601730	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
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 *Heather H. Budlove* DATE *2/14/07*
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

000000927895
02/22/08-80008-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PC
NAME DUNCAN, DAN M JR.
STREET ADDRESS 1000 HOLCOMB WOODS PKWY, SUITE 417
CITY-ST-ZIP ROSWELL, GA 30076

TITLE VCS
NAME DUNCAN, ANN S
STREET ADDRESS 1000 HOLCOMB WOODS PKWY, SUITE 417
CITY-ST-ZIP ROSWELL, GA 30076

TITLE VD
NAME CRUMBLEY, RONALD L
STREET ADDRESS 1000 HOLCOMB WOODS PKWY, SUITE 417
CITY-ST-ZIP ROSWELL, GA 30076

TITLE TD
NAME BREEDLOVE, HEATHER H
STREET ADDRESS 1000 HOLCOMB WOODS PKWY, SUITE 417
CITY-ST-ZIP ROSWELL, GA 30076

TITLE D
NAME BROOK, JOEL
STREET ADDRESS 1000 HOLCOMB WOODS PKWY, SUITE 417
CITY-ST-ZIP ROSWELL, GA 30076

TITLE D
NAME GOWER, JEFF
STREET ADDRESS 1000 HOLCOMB WOODS PKWY, SUITE 417
CITY-ST-ZIP ROSWELL, GA 30076

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 with an address, with all other like empowered.

SIGNATURE: *Heather H. Budlove*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/07 770-587-2555

Date

Daytime Phone #