

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-0601730
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$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 A. Breedlove

2/4/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000927895
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

**DO NOT WRITE
IN THIS SPACE**

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 A. Breedlove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/07

Date

770-587-2555

Daytime Phone #