

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000006254

1. Entity Name
KEY CONSTRUCTORS, INC.



Principal Place of Business
**P O BOX 590
MADISON, MS 39130 US**

Mailing Address
**P O BOX 590
MADISON, MS 39130 US**



02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0540086

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COB
WEBSTER, CHARLES R
333 N. OLD CANTON ROAD
MADISON, MS 39110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TREVATHAN, DAVID
112 GABRIEL PLACE
MADISON, MS 39110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SDT
MC PHAIL, PAUL D
406 HAMPTON COURT
MADISON, MS 3110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WESTER, RICK
132 WOODLAND SPRINGS
RIDGELAND, MS 39157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000463929
03/21/06-80095-019 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06 601-898-9892
Date Daytime Phone #