

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90272 026 \*\*\*150.00

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # G70341</b>  |   |   |  |                |  |
| 1. Entity Name<br>KEYSER ENTERPRISES, INC.  |   |   |  |   |  |
| Principal Place of Business<br>P.O. BOX 805<br>FORT WHITE, FL 32038 US  |   |   | Mailing Address<br>P.O. BOX 805<br>FORT WHITE, FL 32038 US   |   |  |
| 2. Principal Place of Business  |   |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |   |   | Suite, Apt. #, etc.  |   |  |
| City & State  |   |   | City & State   |   |  |
| Zip   | Country   | Zip   | Country  | 4. FEI Number<br><b>59-2344474</b>  |  |
|   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|   |   |   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |   |   | 7. Name and Address of New Registered Agent  |   |  |
| FREEMAN, THOMAS G ESQ<br>1009 HWY 436<br>P O BOX 70<br>ALTAMONTE SPRINGS, FL 32715-0070   |   |   | Name -<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code  |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>KEYSER, DAVID T<br>P.O. BOX 850<br>FORT WHITE, FL 32038 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>KEYSER, DAVID T<br>P.O. BOX 805<br>FORT WHITE, FL 32038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>COLLINS, RONALD J<br>75 KEYSER LANE<br>ROXBORO, NC 37573 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>COLLINS, RONALD J<br>933 S.W. MARY TERRACE<br>LAKE CITY, FL. 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>COLLINS, JILL M. KEYSER<br>75 KEYSER LANE<br>ROXBORO, NC <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>COLLINS, JILL M. KEYSER<br>933 S.W. MARY TERRACE<br>LAKE CITY, FL, 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>KEYSER, BONNIE M<br>148 KEYSER LANE<br>ROXBORO, NC <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>KEYSER, BONNIE M.<br>931 S.W. MARY TERRACE<br>LAKE CITY, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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: <u>David T. Keyser</u> <b>DAVID T. KEYSER VICE PRES</b> 4/10/04 386-758-9705   |   |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   |  | Date Days no Phone #  |  |