## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2008 08:00 AN Secretary of State

ANNUAL REPORT					Secretary of Sta			
	MENT # K23109			3	ecretar	y oi Sta		
1. Entity Name KEYS ACCOUNTING & TAX SERVICE, INC.								
99411 OVE		Mailing Address P.O. BOX 1578		 				
KEY LARGO,	rL 3303/	KEY LARGO, FL 33037		 	N INNES MARI AINA NOMA NOM	IIIII BIBM BIBN BIBN BIBN	I BIBBOOK 10 18 <b>4</b> 1	
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numb 65-004		CR2E034 (11/0	Applied For Not Applicable	
		•		-	of Status Desired	□ \$8.75 Fee Req	Additional	
	6. Name and Address of Current Re	egistered Agent	<u></u>	<u> </u>	1 * 3 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *	· · · · · · · · · · · · · · · · · · ·	#	
137 SAN I	LD, RICHARD MARCO DR. ADA, FL 33036			14	NOT WI	or		
	e named entity submits this statement for t	he purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flor	ida. I am familiar w	ith, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent end	titile if applicable. (NOTE Register	d Agent signature required	i when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees	,			
10.	OFFICERS AND D	RECTORS		1. (1.4.83)		14887 1883 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sec. 4 sec.	
TITLE	DSV							
NAME STREET ADDRESS	OVERFIELD, DEBRA A. 137 SAN MARCO DR.							
CITY-ST-ZIP	ISLAMORADA, FL 33036				unanda	76780		
TITLE	DPT				01/03/08-8	0038#013. [	50.00	
NAME STREET ADDRESS	OVERFIELD, RICHARD L. 137 SAN MARCO DR.							
CITY-ST-ZIP	ISLAMORADA, FL 33036					re de la companya de La companya de la co		
TITLE			The state of					
NAME STREET ADDRESS								
CITY-ST-ZIP				ָּטָּטָ,	NOT W	KIIE		
TITLE			, ,	IN.	THIS SP	ACE		
NAME STREET ADDRESS								
CITY-ST-ZIP								
TITLE								
NAME STREET ADDRESS		•						
CITY-ST-ZIP			1	11 11 1				
TITLE NAME	-		• 1					

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/02

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