
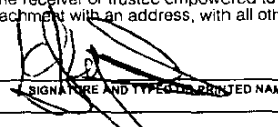


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90010 003 \*\*\*150.00

<b>DOCUMENT # K64301</b> 1. Entity Name <b>KEYSTONE INTERLOCKING PAVING CONTRACTOR, INC.</b>					
Principal Place of Business <b>3135 TERRACE AVE</b> <b>NAPLES, FL 34104 US</b>			Mailing Address <b>3135 TERRACE AVE</b> <b>NAPLES, FL 34104 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3710 Prospect Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>3710 Prospect Ave</b> Suite, Apt. #, etc.			
City & State <b>Naples FL</b> Zip Country <b>34104</b>		City & State <b>Naples FL</b> Zip Country <b>34104</b>		4. FEI Number <b>59-2701985</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01152008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>KEYES, KEVIN J.</b> <b>2570 66TH ST SW</b> <b>NAPLES, FL 34105</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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</b> <b>After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PST KEYES, KEVIN J. 2570 66TH ST SW NAPLES, FL 34105		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS 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 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: 		<b>Kevin J. Keyes</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1/25/08 (239) 793-4422</b> <small>Date Daytime Phone #</small>	