


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000040635
 1. Entity Name
KEY CONSTRUCTION OF TAMPA, INC.



Principal Place of Business: **1521 BURNING TREE LANE BRANDON FL 33510**
 Mailing Address: **P. O. BOX 89053 TAMPA FL 33689**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: Surte, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

4. FEI Number: **59-3675289** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LINDSEY, ALLAN
1521 BURNING TREE LANE
BRANDON FL 33510

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P. O. Box Number is Not Acceptable): _____
 City: _____ **FL** 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 restructuring) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|---|-----------------------------------|
| TITLE: PS <input type="checkbox"/> Delete | NAME: LINDSEY, ALLAN D |
| STREET ADDRESS: 1521 BURNING TREE LANE | CITY - ST - ZIP: BRANDON FL 33510 |
| TITLE: <input type="checkbox"/> Delete | NAME: _____ |
| STREET ADDRESS: _____ | CITY - ST - ZIP: _____ |
| TITLE: <input type="checkbox"/> Delete | NAME: _____ |
| STREET ADDRESS: _____ | CITY - ST - ZIP: _____ |
| TITLE: <input type="checkbox"/> Delete | NAME: _____ |
| STREET ADDRESS: _____ | CITY - ST - ZIP: _____ |
| TITLE: <input type="checkbox"/> Delete | NAME: _____ |
| STREET ADDRESS: _____ | CITY - ST - ZIP: _____ |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|------------------------|
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ |
| STREET ADDRESS: _____ | CITY - ST - ZIP: _____ |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ |
| STREET ADDRESS: _____ | CITY - ST - ZIP: _____ |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ |
| STREET ADDRESS: _____ | CITY - ST - ZIP: _____ |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ |
| STREET ADDRESS: _____ | CITY - ST - ZIP: _____ |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ |
| STREET ADDRESS: _____ | CITY - ST - ZIP: _____ |

U00000308507
 04/15/05-80097-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ **4/10/05 813-404-3246**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #