


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000068320 1. Entity Name KEYSFIRST FINANCIAL CORP.	
---	---

Principal Place of Business 25000 OVERSEAS HWY SUMMERLAND KEY, FL 33042	Mailing Address PO BOX 42-1075 SUMMERLAND KEY, FL 33042-1075
---	--



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-7024295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROSASCO, PETER L JR
25000 OVERSEAS HIGHWAY
SUMMERLAND, FL 33042

**DO NOT WRITE
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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	06/03/08-80056-005 150.00
---	---	---------------------------

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	ROSASCO, PETER L JR
STREET ADDRESS	25000 OVERSEAS HWY
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
TITLE	V
NAME	ROSASCO, MARY A
STREET ADDRESS	25000 OVERSEAS HWY
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

Date 4/29/08 Daytime Phone # _____