

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90225 023 ***150.00

DOCUMENT # P01000085910



1. Entity Name
KEYSTONE ASSETS & SERVICES, INC.

Principal Place of Business
3816 W. LINEBAUGH AVENUE
SUITE 200
TAMPA, FL 33624

Mailing Address
C/O D. CHAPMAN
1623 WINDSOR DR
CLEARWATER, FL 33755

14010545



2. Principal Place of Business
1623 WINDSOR DR.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03212004 Chg-P CR2E034 (10/03)

City & State
CLEARWATER, FL
Zip
33755

City & State
Zip
Country

4. FEI Number
59-3743488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPMAN, DANE
C/O GLOBAL ASSETS & SERVICES, INC.
3816 W. LINEBAUGH AVENUE #200
TAMPA, FL 33624

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, DANE	
STREET ADDRESS	3816 W. LINEBAUGH AVENUE #200	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: D. E. Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2004 813-837-1175
Date Daytime Phone