

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90194 039 ***150.00

DOCUMENT # P01000085910 1. Entity Name KEYSTONE ASSETS & SERVICES, INC.					
Principal Place of Business 1623 WINDSOR DR. CLEARWATER, FL 33755				Mailing Address C/O D. CHAPMAN 1623 WINDSOR DR CLEARWATER, FL 33755	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address C/O D. CHAPMAN 2336 CHAUCER ST.		 04142006 Chg-P CR2E034 (11/05)	
City & State TAMPA, FL		City & State CLEARWATER, FL			
Zip 33765		Zip 33765			
Country		Country			
4. FEI Number 59-3743488				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 CHAPMAN, DANE C/O GLOBAL ASSETS & SERVICES, INC. 3816 W. LINEBAUGH AVENUE #200 TAMPA, FL 33624				7. Name and Address of New Registered Agent Name CHAPMAN, DANE Street Address (P.O. Box Number is Not Acceptable) 2336 CHAUCER ST. City CLEARWATER FL Zip Code 33765	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAPMAN, DANE 3816 W. LINEBAUGH AVENUE #200 TAMPA, FL 33624		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			Date 4/26/06 Daytime Phone #		