

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90044 040 ***150.00

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1. Entity Name
KEYNOTE CONSTRUCTION SPECIALTIES, INC.



Principal Place of Business
**5960 JONES AVENUE
ZELLWOOD, FL 32798**

Mailing Address
**POST OFFICE BOX 1330
ZELLWOOD, FL 32798-1330**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242004

Chg-P

CR2E034 (10/03)

4. FEI Number
30-0062392

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

**C. STEPHEN ALLEN, ESQUIRE
4830 WEST KENNEDY BOULEVARD
SUITE 335
TAMPA, FL 33609**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD ☒ Delete
NAME GILLOOLY, TIMOTHY J
STREET ADDRESS 5960 JONES AVENUE
CITY-ST-ZIP ZELLWOOD, FL 32798

TITLE PDST ☐ Change ☒ Addition
NAME GILLOOLY, FAITH M.
STREET ADDRESS 5960 JONES AVE.
CITY-ST-ZIP ZELLWOOD, FL 32798

TITLE VD ☒ Delete
NAME HEYNE, DUANE E
STREET ADDRESS 5960 JONES AVENUE
CITY-ST-ZIP ZELLWOOD, FL 32798

TITLE VP ☐ Change ☒ Addition
NAME NEASE, WILLIAM M.
STREET ADDRESS 5960 JONES AVE.
CITY-ST-ZIP ZELLWOOD, FL 32798

TITLE VSTD ☐ Delete
NAME GILLOOLY, FAITH M
STREET ADDRESS 5960 JONES AVENUE
CITY-ST-ZIP ZELLWOOD, FL 32798

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

FAITH M. GILLOOLY
FAITH M. GILLOOLY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/04 407-880-9988

Date

Daytime Phone #