2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115616

GILLOOLY, FAITH M

5960 JONES AVENUE

ZELLWOOD, FL 32798

Name:

Address: City-St-Zip:

FILED Apr 28, 2005 Secretary of State

Entity Name: KEYNOTE CONSTRUCTION SPECIALTIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 5960 JONES AVENUE ZELLWOOD, FL 32798 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 1330 ZELLWOOD, FL 327981330 FEI Number: 30-0062392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C. STEPHEN ALLEN, ESQUIRE C. STEPHEN ALLEN, ESQUIRE 4830 WEST KENNEDY BOULEVARD 3606 SWANN AVENÜE TAMPA, FL 33609 SUITE 335 TAMPA, FL 33609 US 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. SIGNATURE: 04/28/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDST () Delete Title: () Change () Addition GILLOOLY, FAITH M Name: Name: 5960 JONES AVENUE Address: Address: City-St-Zip: ZELLWOOD, FL 32798 City-St-Zip: () Delete Title: VD Title: () Change () Addition Name: NEASE, WILLIAM M Name: 5960 JONES AVENUE Address: Address: ZELLWOOD, FL 32798 City-St-Zip: City-St-Zip: Title: Title: VSTD () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FAITH M GILLOOLY PRES 04/28/2005