



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000011643 1. Entity Name <b>KEYSTONE MASONRY &amp; PUMP SERVICES, INC.</b>	
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Principal Place of Business <b>6140 COUNTY ROAD 315-C          KEYSTONE HEIGHTS, FL 32656</b>	Mailing Address <b>6140 COUNTY ROAD 315-C          KEYSTONE HEIGHTS, FL 32656</b>
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**DO NOT WRITE IN THIS SPACE**

	
02282008	No Chg-P CR2E034 (11/05)
4. FEI Number <b>45-0464088</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BEVERLY, KAREN P  
 6140 COUNTY ROAD 315-C  
 KEYSTONE HEIGHTS, FL 32656**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOWLING, LORRAINE E 8517 MAJESTIC OAKS DRIVE S JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEVERLY, KAREN P 8517 MAJESTIC OAKS DRIVE S JACKSONVILLE, FL 32277
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1100000847686  
 03/19/08-80030-003 150.00

**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: *Karen McAlester* *2/27/08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #