

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023500

FILED  
Apr 12, 2004  
Secretary of State

Entity Name: KEY SYSTEMS SOLUTIONS, INC.

## Current Principal Place of Business:

1044 CASTELLO DR, STE 101/102  
NAPLES, FL 34103

## New Principal Place of Business:

## Current Mailing Address:

1044 CASTELLO DR, STE 101/102  
NAPLES, FL 34103

## New Mailing Address:

FEI Number: 04-3615317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUST, ROBERT J  
1044 CASTELLO DR, STE 101/102  
NAPLES, FL 34103

## Name and Address of New Registered Agent:

POMEROY, ELIZABETH C  
27131 BRENDAN WAY  
BONITA SPRINGS, FL 34135

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: ELIZABETH C. POMEROY

04/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DT (X) Delete  
Name: RUST, ROBERT J  
Address: 458 DEVIL'S LANE  
City-St-Zip: NAPLES, FL 34103

Title: DP ( ) Delete  
Name: CHRISTOPHER, SUSAN K  
Address: 861 W COPELAND DR  
City-St-Zip: MARCO ISLAND, FL 34145

Title: DVS ( ) Delete  
Name: POMEROY, ELIZABETH C  
Address: 27131 BRENDAN WAY  
City-St-Zip: BONITA SPRINGS, FL 34135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVS (X) Change ( ) Addition  
Name: POMEROY, ELIZABETH C  
Address: 27131 BRENDAN WAY  
City-St-Zip: BONITA SPRINGS, FL 34135

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.

SIGNATURE: ELIZABETH C POMEROY

DVS

04/12/2004

Electronic Signature of Signing Officer or Director

Date