

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90016 003 \*\*\*158.75

<b>DOCUMENT # P03000005816</b> 1. Entity Name <b>KEYSTONE CONSTRUCTION &amp; DEVELOPMENT, INC.</b>																													
Principal Place of Business <b>27907 SUMMER PLACE DR WESLEY CHAPEL, FL 33543</b>			Mailing Address <b>27907 SUMMER PLACE DR WESLEY CHAPEL, FL 33543</b>																										
2. Principal Place of Business <b>1936 BRUCE B. DOWNS BLVD</b> Suite, Apt. #, etc. # <b>STE 334</b>		3. Mailing Address <b>1936 BRUCE B. DOWNS BLVD</b> Suite, Apt. #, etc. <b>STE #334</b>																											
City & State <b>WESLEY CHAPEL, FL</b>		City & State <b>WESLEY CHAPEL, FL</b>		4. FEI Number <b>61-1439943</b>																									
Zip <b>33543</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>VRABEC, II, JOHN M 27907 SUMMER PLACE DR WESLEY CHAPEL, FL 33543</b>				7. Name and Address of New Registered Agent Name <b>JOHN M. VRABEC II</b> Street Address (P.O. Box Number is Not Acceptable) <b>1936 BRUCE B. DOWNS BLVD STE 334</b> City <b>WESLEY CHAPEL</b> <b>FL</b> Zip Code <b>33543</b>																									
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  DATE <b>2/14/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
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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:				Date <b>2/14/05</b> Daytime Phone # <b>813-363-4060</b>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													