2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000059478

FILED Mar 23, 2005 8:00 am Secretary of State

03-23-2005 90055 047 ***150.00

JOHNS	ne KEYSTOI	NE INC							
Principal Place of Business 1435 W CENTRAL ST LANTANA, FL 33462			Mailing Address 1435 W CENTRAL ST LANTANA, FL 33462	-				50030	204
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03082005	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numb	981448		Applied For Not Applicable	
Zip	!	Country	Zip	Cour	ntry -		e of Status Desired	□ \$8.75 A Fee Requi	dditional red
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name John Porter Accounting				
PORTER	JOHN								
1403 W BOYNTON BEACH BLVD					Street Address (P.0408 S. Federal Hwy) Suite 404				
BOYNTON BEACH, FL 33426					Boynton Beach, FL 33435				
		`			City			FL Zip Co	xde
			nt for the purpose of changing it	ts register	ed office or regis	stered agent, or be	oth, in the State of Flo	orida. 1 am familiar wit	h, and accept
the obligation	tions of regist	tered agent.		(_).	7			0=(-5/-	_
SIGNATURE.	Signature typed	or printed name of registered a	agent and title if applicable (NC	TE: Registere	d Agent signature requ	ired when reinstating)		DATE	<u> </u>
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$5	9. Election Camp Trust Fund Cor			5.00 May Be Added to Fees			
FIL After M	ay 1, 200	5 Fee will be \$5	Trust Fund Co		Ā	Added to Fees	/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
10.	ay 1, 200	5 Fee will be \$5:	50.00 Trust Fund Co	ntribution.	E	Added to Fees	/CHANGES TO OFF	ICERS AND DIRECTO	·
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12. I hereby certify that the information supplied with this filling 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 employeed 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:

NATURE AND TOPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

3.21.05

Daytime Phone #