


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90004 005 ***150.00

DOCUMENT # P93000038629 1. Entity Name KEYBOARD, INC.					
Principal Place of Business 1515 US HWY 1 STE 201 SEBASTIAN, FL 32958 US			Mailing Address 1515 US HWY 1 STE 201 SEBASTIAN, FL 32958 US		
2. Principal Place of Business 1565 U.S. Highway 1 Suite, Apt. #, etc.			3. Mailing Address 1565 U.S. Highway 1 Suite, Apt. #, etc.		
City & State Sebastian, FL		City & State Sebastian, FL		4. FEI Number NOT APPLICABLE	
Zip 32958	Country Indian River	Zip 32958	Country Indian River	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DILL, WARREN W 1515 US HWY 1 STE 201 SEBASTIAN, FL 32958				7. Name and Address of New Registered Agent Name Dill, Warren W. Street Address (P.O. Box Number is Not Acceptable) 1565 U.S. Highway 1 City Sebastian FL Zip Code 32958	
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 <u><i>Warren W. Dill</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CRAWFORD, JAMES 36 HEATHER AVE GLASGOW, G61 3JG UNITED KING..	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CRAWFORD, JEAN P 36 HEATHER AVE GLASGOW, G61 3JG UNITED KING..	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>J Crawford</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>August 11, 2004</i></u> <small>Date Daytime Phone #</small>		

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