


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90023 028 ***150.00

DOCUMENT # P93000076171

1. Entity Name
KEY INSPECTION SERVICE, INC.



Principal Place of Business
**635 DUNDEE LANE
 HOLMES BCH FL 34218**

Mailing Address
**P O BOX 1576
 HOLMES BCH FL 34218**

2. Principal Place of Business
4312-19th Ave. W.

3. Mailing Address
PO Box 15316

Suite, Apt. #, etc.
X

City & State
Bradenton, FL 34209

City & State
Bradenton FL

Zip
34209

Country
USA

Zip
34280-5316

Country
USA



MOORE CR2E034 (11/03)

4. FEI Number **65-0480268** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, WILLIAM G
 PO BOX 1576-635 DUNDEE LANE
 HOLMES BCH FL 34218**

7. Name and Address of New Registered Agent

Name
Charles F. Brunson Jr. or. Bridget Brunson

Street Address (P.O. Box Number is Not Acceptable)
4312 19 Ave. W.

City
Bradenton

FL Zip Code
34209

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 *Bridget L. Brunson* DATE **2-2-2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 | ST JOHNSON, KAREN M PO BOX 1576 HOLMES BCH FL 34218 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Bridget L. Brunson 4312 19 Ave. W. Bradenton FL 34209 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Charles F. Brunson Jr. 4312 19 Ave W. Bradenton FL 34209 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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: *Bridget L. Brunson* **Bridget L. Brunson** DATE: **2-2-2004** DAYTIME PHONE #: **(941) 744-0124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR