

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000051214

Entity Name: KEYSTONE INN, INC

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

4015 NE CR 1469
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

PO BOX 1777
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-3402428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONS, BEV
4015 NE CR 1469
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: PONS, BEV M
Address: 4015 NE CR 1469
City-St-Zip: HAWTHORNE, FL 32640

Title: O () Delete
Name: PONS, JOHN A
Address: 4015 NE CR 1469
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BELVIA PONS

PRES

01/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date