2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000092408

1. Entity Name
KEYSFIRST MORTGAGE CORP.

FILED May 08, 2008 08:00 AN Secretary of State

Principal Place of Business

25000 OVERSEAS HIGHWAY SUMMERLAND KEY, FL 33042

Mailing Address

POST OFFICE BOX 42-1075 SUMMERLAND KEY, FL 33042-1075



DO NOT WRITE IN THIS SPACE

04252008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0706137 Applied For
Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSASCO, PETER L 25000 OVERSEAS HIGHWAY SUMMERLAND KEY, FL 33042-1075 DO NOT WRITE IN THIS SPACE

			, , ,	A Common than the property of the second of	
the obligat	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its register	ed office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE.	Signature, typed or printed name of registered agent and bille	if applicable (NOTE: Registere	d Agent signature required when reinstating)	DATE	-
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		000000950107 96/03/08-80056-006 150.00	
10.	OFFICERS AND DIREC	CTORS		196条。2007年18月4日,提出建筑建筑,1966年1	J
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ROSASCO, PETER L JR. 25000 OVERSEAS HWY+ SUMMERLAND KEY, FL 330421075				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE	
TITLE NAME SIBEET ADDRESS					1 / · · · · · · · · · · · · · · · · · ·

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Daylime Phone #