


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000032499 1. Entity Name KEYSTONE SECRETARIAL & PRINTING SERVICES, INC.	
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Principal Place of Business 180 S. LAWRENCE BLVD KEYSTONE HEIGHTS, FL 32656	Mailing Address P O BOX 2137 KEYSTONE HEIGHTS, FL 32656
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01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3445030	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JOSEPH, JOE C 180 S. LAWRENCE BLVD KEYSTONE HEIGHTS, FL 32656
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DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, JOE C P O BOX 2137 N/A KEYSTONE HEIGHTS, FL 32656
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01/09/04-60021-010 150.00

DO NOT WRITE IN THIS SPACE

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: Joe C Joseph **JOE C JOSEPH** 1-08-2004 352 473 0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #