2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **P97000032499**

1. Entity Name

KEYSTONE SECRETARIAL & PRINTING SERVICES, INC.

Principal Place of Business	Mailing Address
180 S. LAWRENCE BLVD KEYSTONE HEIGHTS FL 32656	P O BOX 2137 KEYSTONE HEIGHTS FL 32656

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	**3.** Mailing Address	**4.** FEI Number 59-3445030	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State	City & State		
Zip / Country	Zip / Country		

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
JOSEPH, JOE C 180 S. LAWRENCE BLVD KEYSTONE HEIGHTS FL 32656	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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, 2005 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		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME JOSEPH, JOE C STREET ADDRESS P O BOX 2137 N/A CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000199447 01/27/05-80091-023 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _Joe C Joseph_   JOE C, JOSEPH   1-24-2005   352-473-0555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #