2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000049458

City-St-Zip:

FERNANDINA BEACH, FL 32035

FILED Apr 22, 2006 Secretary of State

Entity Name: KEYSTONE VILLAGE SQUARE, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
111 SOUTHEASWT FIRST AVENUE GAINESVILLE, FL 32601				18 NW 33RD COURT GAINESVILLE, FL 32607	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 15 FERNAND	5789 DINA BEACH, I	FL 32035			
FEI Number:	59-3451034	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
QUINCEY, JAMES S 111 SOUTHEASWT FIRST AVENUE GAINESVILLE, FL 32601 US			QUINCEY, JAMES S 18 NW 33RD COURT GAINESVILLE, FL 320		
	named entity of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: JAMES QUINCEY				04/22/2006	
	Electron	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROSS, ROBER PO BOX 15789		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROSS, JANET PO BOX 15789		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T (ROSS, ROBER PO BOX 15789		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: ROBERT ROSS Ρ 04/22/2006