


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000004722	
1. Entity Name KEY FACTORS, INC.	

Principal Place of Business 10151 DOGWOOD AVENUE PALM BEACH GARDENS, FL 33410	Mailing Address 10151 DOGWOOD AVENUE PALM BEACH GARDENS, FL 33410
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02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0810738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STAGGS, HADEN
10151 DOGWOOD AVENUE
PALM BEACH GARDENS, FL 33410

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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, 2008 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	VD
NAME	STAGGS, ZACHARY
STREET ADDRESS	15782 73RD TERRACE NORTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VTD
NAME	STAGGS, HADEN
STREET ADDRESS	10151 DOGWOOD AVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	SD
NAME	STAGGS, MARY
STREET ADDRESS	10151 DOGWOOD AVE.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	PD
NAME	WEEKS, WALTER L III
STREET ADDRESS	2445 ALEXANDER LAKE DRIVE
CITY-ST-ZIP	MARIETTA, GA 30064
TITLE	V
NAME	DICKERSON, GREG
STREET ADDRESS	3226 NOTTY PINE TRAIL
CITY-ST-ZIP	MARIETTA, GA 30062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/08-80070-023 150.00

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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: Haden Staggs **HADEN STAGGS** 2/26/08 561-622-4928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #