


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000053653		
1. Entity Name KEYS FRAMING, INC.		
Principal Place of Business 8245 RIVER COUNTRY DR. SPRING HILL, FL 34607	Mailing Address 8245 RIVER COUNTRY DR. SPRING HILL, FL 34607	



03192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3552479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

CHAMPION, THOMAS M
8245 RIVER COUNTRY DR.
SPRING HILL, FL 34607

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMPION, THOMAS M 8245 RIVER COUNTRY DR SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST CHAMPION, SANDRA 8245 RIVER COUNTRY DR SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/02/05-80039-008 150.00

**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)(f), 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: X

Thomas M. Champion, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-29-05

Date

Daytime Phone #

THOMAS M. CHAMPION, PRES.