

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90013 014 ***150.00

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1. Entity Name
KEYSTONE REALTY & DEVELOPMENT GROUP, INC.



Principal Place of Business

**3611 WEST SWANN AVENUE
SUITE 100
TAMPA, FL 33609**

Mailing Address

**3611 WEST SWANN AVENUE
SUITE 100
TAMPA, FL 33609-4517**

40009107



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3518828

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCCLAIN, WAYNE A
3611 WEST SWANN AVENUE
SUITE 100
TAMPA, FL 33609**

**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, 2006 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
**PST
MCCLAIN, WAYNE A
3611 WEST SWANN AVENUE
TAMPA, FL 33609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vice President
John H. McCoskie
3611 W. Swann Ave
Tampa FL 33609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/06