

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000036004							
1. Entity Name KEYMART OF WEST FLORIDA INC.							
Principal Place of Business 8947 OSPREY LANE LARGO FL 33777		Mailing Address 8947 OSPREY LANE LARGO FL 33777					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc		Suite, Apt. #, etc					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-3571383	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FAVE, JOHN M 8947 OSPREY LANE LARGO FL 33777			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 _____ (NOTE: Registered Agent signature required when constant) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FAVE, JOHN M	NAME	U000000018437				
STREET ADDRESS	8947 OSPREY LANE	STREET ADDRESS	01/28/04-80133-023 150.00				
CITY-ST-ZIP	LARGO FL 33777	CITY-ST-ZIP					
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FAVE, DARCY	NAME					
STREET ADDRESS	8947 OSPREY LANE	STREET ADDRESS					
CITY-ST-ZIP	LARGO FL 33777	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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STREET ADDRESS		STREET ADDRESS					
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CITY-ST-ZIP		CITY-ST-ZIP					



MOORE CR2E034 (11/03)

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: John M. Fave 01-22-04 727 398 6774