


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90182 042 \*\*\*150.00

**DOCUMENT # P99000036004**

1. Entity Name  
**KEYMART OF WEST FLORIDA INC.**



Principal Place of Business      Mailing Address

**7050 78 AVENUE NE**      **P.O. BOX 2131**  
**PINELLAS PARK, FL 33781**      **PINELLAS PARK, FL 33780**

2. Principal Place of Business      3. Mailing Address

**7000 78th Ave. N.**      **7000 78th Ave N.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



01222006      Chg-P      CR2E034 (11/05)

City & State      City & State

**Pinellas Park FL**      **Pinellas Park, FL**

Zip      Country      Zip      Country

**33781**      **USA**      **33781**      **USA**

4. FEI Number      Applied For

**59-3571383**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FAVE, JOHN M**  
**8947 OSPREY LANE**  
**LARGO, FL 33777**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**7000 78th Ave N.**

City      State      Zip Code

**Pinellas Park**      **FL**      **33781**

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: Angela M. Jensen / Angela m. Jensen      DATE: 1/22/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PDT	<input type="checkbox"/> Delete
NAME	FAVE, JOHN M	
STREET ADDRESS	8947 OSPREY LANE	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JENSEN, ANGELA	
STREET ADDRESS	3430 <del>BEEDUOD</del> TERR	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3430 Beechwood Terrace.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Angela M. Jensen / Angela m. Jensen      Date: 2/22/06      Daytime Phone: 727-589-5450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR