


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000094687 1. Entity Name KEYSTONE BUILDING CENTER, INC.	
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Principal Place of Business 200 COMMERCIAL CIR KEYSTONE HEIGHTS, FL 32656	Mailing Address PO BOX 1249 KEYSTONE HEIGHTS, FL 32656
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3607391	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TAYLOR, JAMES J JR. 420 S. LAWRENCE BLVD. KEYSTONE HEIGHTS, FL 32656

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY - ST - ZIP	D CANADY, ROBERT G 7155 SE 2ND PLACE STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, JAMES W 2605 COSMOS DR. ATLANTA, GA 30345
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, WILLIAM D 6000 SAN JOSE BLVD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WISE, DOUGLAS C 8637 SW 42ND PLACE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/18/04-80016-003 150.00

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: <u>Douglas C. Wise</u> (DOUGLAS C. WISE)	Date: <u>02/16/04</u>	Daytime Phone #: <u>352-473-9991</u>
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