

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000094687

1. Entity Name
KEYSTONE BUILDING CENTER, INC.



Principal Place of Business
200 COMMERCIAL CIR
KEYSTONE HEIGHTS, FL 32656

Mailing Address
PO BOX 1249
KEYSTONE HEIGHTS, FL 32656



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3607391

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

TAYLOR, JAMES J JR.
420 S. LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656

**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 D
NAME CANADY, ROBERT G
STREET ADDRESS 7155 SE 2ND PLACE
CITY ST ZIP STARKE, FL 32091

TITLE D
NAME WISE, DOUGLAS C
STREET ADDRESS 8637 SW 42ND PLACE
CITY ST ZIP GAINESVILLE, FL 32608

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10100000378321
01/10/06-00001-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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

01/09/06

Date

352-43-9991

Customer Prefix