


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # F94000006254
1. Entity Name
KEY CONSTRUCTORS, INC.



Principal Place of Business Mailing Address
P O BOX 590 P O BOX 590
MADISON, MS 39130 US MADISON, MS 39130 US

DO NOT WRITE IN THIS SPACE



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
64-0540086 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
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 NAME STREET ADDRESS CITY-ST-ZIP	COB WEBSTER, CHARLES R 333 N. OLD CANTON ROAD MADISON, MS 39110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREVATHAN, DAVID 112 GABRIEL PLACE MADISON, MS 39110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT MCPHAIL, PAUL D 406 HAMPTON COURT MADISON, MS 3110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WESTER, RICK 132 WOODLAND SPRINGS RIDGELAND, MS 39157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000463929
03/21/06-80095-019 150.00

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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:  3/8/06 601-898-9892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #