


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90086 020 ***150.00

DOCUMENT # F96000004732

1. Entity Name
KEY PARTNERS, INC.



Principal Place of Business Mailing Address


**15 ELLSWORTH LN
ST LOUIS MO 63124** **15 ELLSWORTH LN
ST LOUIS MO 63124**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number Applied For

43-1755222 Not Applicable

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

6. Name and Address of Current Registered Agent

**KARL, JAMES L II
975 N COLLIER
MARCO ISLAND FL 33937**

7. Name and Address of New Registered Agent

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 _____ 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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> Delete
NAME	CANEPA, CHRISTOPHER J	
STREET ADDRESS	15 ELLSWORTH LN	
CITY-ST-ZIP	ST LOUIS MO 63124	
TITLE	DCV	<input type="checkbox"/> Delete
NAME	MUNSCH, ROBERT F	
STREET ADDRESS	7406 BUCKINGHAM	
CITY-ST-ZIP	ST LOUIS MO 63105	
TITLE	DCPS	<input type="checkbox"/> Delete
NAME	CANEPA, CHRISTOPHER J	
STREET ADDRESS	15 ELLSWORTH LANE	
CITY-ST-ZIP	ST LOUIS MO 63124	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROSNER, JAMES C	
STREET ADDRESS	45 A PROGRESS PKWY	
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63043	
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 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		
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 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  **CHRIS CANEPA, Pres.** 4/16/04 314 - 993-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #