


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 375794
 1. Entity Name
KEY REALTY & DEVELOPMENT, INC.



Principal Place of Business: **826 POLK ST HOLLYWOOD FL 33019**
 Mailing Address: **P.O. BOX 220-139 HOLLYWOOD FL 33022**



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **59-1362270**
 Applied For Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMORA, JULIAN SR.
 826 POLK ST
 HOLLYWOOD FL 33019**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DEMORA, JULIAN J.	
STREET ADDRESS	826 POLK ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEMORA JR, JULIAN	
STREET ADDRESS	2845 ENTERPRISE #107A	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	V	<input type="checkbox"/> Delete
NAME	FELDMAN, PAM	
STREET ADDRESS	837 NLK SYBELIA DR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	STDV	<input type="checkbox"/> Delete
NAME	HOUSEWORTH, DONNA	
STREET ADDRESS	2845 ENTERPRISE RD #107A	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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03/10/04-80004-015 150.00

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: *Julian Demora* **3-8-04** **954-927309**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #