


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90268 010 ***150.00

DOCUMENT # 383345
 1. Entity Name
CENTRAL KEYS DEVELOPMENT CORP.



Principal Place of Business Mailing Address
82905 US HWY 1 82905 US HWY 1
P.O. BOX 324 P.O. BOX 324
ISLAMORADA, FL 33036 ISLAMORADA, FL 33036

40067401



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

City & State City & State

Zip Country Zip Country

03042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1401562 Not Applicable

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

6. Name and Address of Current Registered Agent
WOOD, RICHARD A
82905 OVERSEAS HIGHWAY
P.O. BOX 324
ISLAMORADA, FL 33036

7. Name and Address of New Registered Agent
 Name **M. KAY DOUGHERTY**
 Street Address (P.O. Box Number is Not Acceptable)
218 MATECUMBE AVE
 City **ISLAMORADA** FL Zip Code **33036**

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 M. KAY DOUGHERTY, VP M Kay Dougherty 3-4-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | PD WOOD, RICHARD A 152 HARBORVIEW DR TAVERNIER, FL 33070 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RICHARD ALLEN WOOD JR 192 So. AIRPORT ROAD TAVERNIER FL 33070 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP M. KAY DOUGHERTY 218 MATECUMBE AVE ISLAMORADA FL 33036 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JANET L. WOOD 216 So. AIRPORT ROAD TAVERNIER FL 33070 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JAMES WOOD 11621 U.S. HIGHWAY 301 HAWTHORNE FL 32640 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: M Kay Dougherty 3-4-05 305-664-8823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #