

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 726522					
1. Entity Name FLORIDA BLUE KEY, INC.					
Principal Place of Business 312 J. WAYNE REITZ UNION UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-2042			Mailing Address 312 J. WAYNE REITZ UNION UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-2042		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 23-7378530			Applied For ☐ Not Applicable		
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		
MATURO, FRANK J., JR. 3010 NW 9TH PLACE GAINESVILLE, FL 32605			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 _____ Signature typed or printed name of registered agent and take it applicable (NOTE: Registered Agent signature required when retreating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	THOMPSON, COLIN		NAME		
STREET ADDRESS	3800 SW 34TH ST. #267		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	VDP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HIGH, CARY		NAME		
STREET ADDRESS	4415 SW 34TH ST. #403		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SILVER, MICHAEL		NAME		
STREET ADDRESS	3837 SW 5TH PL		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PARDO, MONIQUE		NAME		
STREET ADDRESS	715 SW 10TH ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FRIEDENSEN, JADE		NAME		
STREET ADDRESS	3813 SW 34TH ST. #G66		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MATURO, FRANK DR.		NAME		
STREET ADDRESS	3010 NW 9TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(3)(g), 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 617, 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: <i>Frank J. Maturo</i>		FRANK J. MATURO		4/29/04 (352) 337-0022	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	