


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 746078**

1. Entity Name  
**THE PROFESSIONALS' BUILDING OF KEY BISCAWAYNE, INC.**



Principal Place of Business  
**50 W. MASHTA DR., SUITE 4  
 KEY BISCAWAYNE, FL 33149**

Mailing Address  
**50 W. MASHTA DR., SUITE 4  
 KEY BISCAWAYNE, FL 33149**



01202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2126150**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS, NORMAN T., ESQ.  
 50 W. MASHTA DR., SUITE 4  
 KEY BISCAWAYNE, FL 33149**

**DO NOT WRITE 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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	SD ROBERTS, NORMAN T. 1121 CRANDON BLVD.,#E408 KEY BISCAWAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANCASTER, KENNETH 155 OCEAN LN. DR. #304 KEY BISCAWAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANCASTER, ROMY Z. 155 OCEAN LN. DR. #304 KEY BISCAWAYNE, FL
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 01/29/05-80058-004 61.25

**DO NOT WRITE IN THIS SPACE**

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 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: *X Kenneth M. Lancaster - President X 1-26-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**KENNETH M. LANCASTER**

Date Daytime Phone #