


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 746078**  
 1. Entity Name  
 THE PROFESSIONALS' BUILDING OF KEY BISCAVNE,  
 INC.



Principal Place of Business      Mailing Address  
 50 W. MASHTA DR., SUITE 4      50 W. MASHTA DR., SUITE 4  
 KEY BISCAVNE, FL 33149      KEY BISCAVNE, FL 33149



01052006 No Chg-NP      CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-2126150      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 BISCAVNE, FL 33149

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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 reappointing)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	ROBERTS, NORMAN T.
STREET ADDRESS	1121 CRANDON BLVD., #E408
CITY-ST-ZIP	KEY BISCAVNE, FL
TITLE	PD
NAME	LANCASTER, KENNETH
STREET ADDRESS	155 OCEAN LN. DR. #304
CITY-ST-ZIP	KEY BISCAVNE, FL
TITLE	T
NAME	LANCASTER, ROMY Z.
STREET ADDRESS	155 OCEAN LN. DR. #304
CITY-ST-ZIP	KEY BISCAVNE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000385150  
 01/18/06-80005-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kenneth M. Lancaster Pres.      Date: 1-5-06      Daytime Phone #: 305-361-1814