

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000012475

1. Entity Name
CAREGIVERS OF THE KEYS INC



Principal Place of Business _____ Mailing Address _____
P O BOX 430067 P O BOX 430067
BIG PINE KEY, FL 33043 BIG PINE KEY, FL 33043

DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0593905 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KILGORE, DONNA
1639 FERN AVE
BIG PINE KEY, FL 33043

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 PT
NAME KILGORE, DONNA
STREET ADDRESS 1639 FERN AVE7
CITY-ST-ZIP BIG PINE KEY, FL 33043

TITLE VS
NAME AYALA, BETTY
STREET ADDRESS 1031 WESTSHORE DR
CITY-ST-ZIP BIG PINE KEY, FL 33043

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03/18/05-80064-012 150.00

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: Donna Kilgore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05
Date

Daytime Phone #