

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012475

FILED
Mar 23, 2009
Secretary of State

Entity Name: CAREGIVERS OF THE KEYS INC

Current Principal Place of Business:

30383 QUAIL ROOST TRAIL
BIG PINE KEY, FL 33043

New Principal Place of Business:

Current Mailing Address:

P O BOX 430067
BIG PINE KEY, FL 33043

New Mailing Address:

FEI Number: 01-0593905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILGORE, DONNA
30383 QUAIL ROOST TRAIL
BIG PINE KEY, FL 33043 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: KILGORE, DONNA
Address: 30383 QUAIL ROOST TRAIL
City-St-Zip: BIG PINE KEY, FL 33043

Title: VS () Delete
Name: SOLIS, BETTY G
Address: 1031 WESTSHORE DR
City-St-Zip: BIG PINE KEY, FL 33043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY GUZMAN SOLIS

VS

03/23/2009

Electronic Signature of Signing Officer or Director

Date