


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90347 001 \*3,600.00

**DOCUMENT # P04000116994**

1. Entity Name  
**LIGHTHOUSE KEY MANAGEMENT, INC.**



Principal Place of Business  
**2359 BELVILLE ROAD  
 DAYTONA BEACH, FL 32119**

Mailing Address  
**2359 BELVILLE ROAD  
 DAYTONA BEACH, FL 32119**

**66013781**

2. Principal Place of Business  
**2379 Beville Road**

3. Mailing Address  
**2379 Beville Road**

Suite, Apt. #, etc.



City & State  
**Daytona Beach, Florida**

City & State  
**Daytona Beach, Florida**

4. FEI Number  
**41-2151891**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HAGAN, J. ANDREW  
 2359 BELVILLE ROAD  
 DAYTONA BEACH, FL 32119**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2379 Beville Road**

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

**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                     |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                          |  |
|--|---------------------------------|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|  |                                 | PD<br>Hosseini-Kargar, Morteza<br>2379 Beville Road<br>Daytona Beach, FL 32119 |  |
|  |                                 | VP<br>Jones, Cynthia C.<br>2379 Beville Road<br>Daytona Beach, FL 32119        |  |
|  |                                 | VP<br>Ireland, Charlene B.<br>2379 Beville Road<br>Daytona Beach, FL 32119     |  |
|  |                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:** Morteza Hosseini-Kargar **President** 4/21/05 **386-788-0820**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #