

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # G71838		
1. Entity Name ALL KEYS, INC.		
Principal Place of Business 1720 N ROOSEVELT BLVD KEY WEST, FL 33040 US	Mailing Address 1720 N ROOSEVELT BLVD KEY WEST, FL 33040 US	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent LARSON, MICHAEL 1720 N ROOSEVELT BLVD KEY WEST, FL 33040		
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 renewing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		UD00000108712 04/12/04-80014-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LARSON, MICHAEL 1720 N. ROOSEVELT BLVD KEY WEST, FL 33040	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARSON, MICHAEL 1720 ROOSEVELT BLVD KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael Larson, President		4/8/04 3052944200 Date Daytime Phone #