

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 196602

FILED  
Mar 13, 2008  
Secretary of State

Entity Name: SEVEN KEYS CO. OF FLORIDA

## Current Principal Place of Business:

450 SW 12TH AVE  
P.O. BOX 729  
POMPANO BEACH, FL 33061 US

## New Principal Place of Business:

450 SW 12TH AVE  
POMPANO BEACH, FL 33069 US

## Current Mailing Address:

6550 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 334411 US

## New Mailing Address:

450 SW 12TH AVE  
POMPANO BEACH, FL 33069 US

FEI Number: 59-0781626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEVENS, HENRY W  
450 SW 12TH AVENUE  
POMPANO BEACH, FL 33069 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: CDT ( ) Delete  
Name: STEVENS, HENRY W  
Address: 450 S.W. 12TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33069

Title: VD ( ) Delete  
Name: STEVENS, HENRY W  
Address: 450 S.W. 12TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33069

Title: SD ( ) Delete  
Name: STEVENS, HENRY W  
Address: 450 S.W. 12TH AVE  
City-St-Zip: POMPANO BEACH, FL 33069

Title: PD ( ) Delete  
Name: GERICKE, ALBERT W.,  
Address: 450 S.W. 12TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33069

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: HENRY STEVENS

CDT

03/13/2008

Electronic Signature of Signing Officer or Director

Date