

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 225783

FILED  
Apr 15, 2012  
Secretary of State

**Entity Name:** KAW KEYS PROPERTIES, INC.

**Current Principal Place of Business:**

830 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 193  
TAVERNIER, FL 33070

**New Mailing Address:**

**FEI Number:** 59-0871832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNN, SANDRA  
830 N KROME AVE  
HOMESTEAD, FL 33030 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LAVENE, KATRINA J  
Address: P.O. BOX 193  
City-St-Zip: TAVERNIER, FL 33070

Title: D  
Name: LAVENE, WHITNEY G  
Address: P.O. BOX 193  
City-St-Zip: TAVERNIER, FL 33070

I hereby 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 all other like empowered.

SIGNATURE: KATRINA J LAVENE

PD

04/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date