


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 329677</b> 1. Entity Name <b>GULF KEYS CORPORATION</b>	
--	---

Principal Place of Business <b>2200 S. OCEAN LANE SUITE 705 FT. LAUDERDALE, FL 33316 US</b>	Mailing Address <b>2200 S. OCEAN LANE SUITE 705 FT. LAUDERDALE, FL 33316 US</b>
--	--



03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1210098</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**6. Name and Address of Current Registered Agent**

**KOZIAL, EDWARD  
2200 S OCEAN LN  
FORT LAUDERDALE, FL**

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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

U00000334386

04/27/05 80041-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P KOZIAL, EDWARD 2200 SOUTH OCEAN LANE FORT LAUDERDALE, FL</b>
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T KOZIAL, EDWARD 2200 SOUTH OCEAN LANE FORT LAUDERDALE, FL</b>
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KOZIAL, EDWARD 2200 SOUTH OCEAN LANE FORT LAUDERDALE, FL</b>
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

04/22/05 954 523 6717