

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90268 010 ***150.00

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03042005 Chg-P CR2E034 (10/03)

DOCUMENT # 383345 1. Entity Name CENTRAL KEYS DEVELOPMENT CORP.					
Principal Place of Business 82905 US HWY 1 P.O. BOX 324 ISLAMORADA, FL 33036			Mailing Address 82905 US HWY 1 P.O. BOX 324 ISLAMORADA, FL 33036		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1401562			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WOOD, RICHARD A 82905 OVERSEAS HIGHWAY P.O. BOX 324 ISLAMORADA, FL 33036			7. Name and Address of New Registered Agent Name M. KAY DOUGHERTY Street Address (P.O. Box Number is Not Acceptable) 218 MATECUMBE AVE City ISLAMORADA FL Zip Code 33036		
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 M. KAY DOUGHERTY, VP <i>M Kay Dougherty</i> 3-405 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, RICHARD A 152 HARBORVIEW DR TAVERNIER, FL 33070	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD ALLEN WOOD JR 192 S. AIRPORT ROAD TAVERNIER FL 33070	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP M. KAY DOUGHERTY 218 MATECUMBE AVE ISLAMORADA FL 33036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JANET L. WOOD 216 SO. AIRPORT ROAD TAVERNIER FL 33070	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES WOOD 11621 U.S. HIGHWAY 301 HAWTHORNE FL 32640	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <i>M Kay Dougherty</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-405 <small>Date</small>		305-664-8823 <small>Daytime Phone #</small>	