

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90094 002 *****8.75
02-04-2005 90094 001 ***150.00

DOCUMENT # 471032

1. Entity Name

KEY HOLLY, INC.



Principal Place of Business

5415 OVERSEAS HWY
MARATHON FL 33050

Mailing Address

5415 OVERSEAS HWY
MARATHON FL 33050

2. Principal Place of Business

3. Mailing Address

PO BOX 501120

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MARATHON FL

City & State

City & State

Zip

Country

Zip

Country

33050

FLORIDA

4. FEI Number

59-1590859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STARYK, CHARLENE
904 109TH ST.
P.O. BOX 500746
MARATHON FL 33050

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME STARYK, CHARLENE
STREET ADDRESS 904 109TH ST., P.O. BOX 500746
CITY-ST-ZIP MARATHON FL 33050

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVT ☐ Delete
NAME HAMMER, RONNEY
STREET ADDRESS 904 109TH ST., P.O. BOX 500746
CITY-ST-ZIP MARATHON FL 33050

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STARYK, MYKA
STREET ADDRESS 2515 N.E. 8TH AVE.
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

Charlene Staryk CHARLENE STARYK 1/28/05 305743-5001