


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 479317**  
 1. Entity Name  
**THE KEY CORPORATION**



Principal Place of Business      Mailing Address  
**909 E. BOUGAINVILLEA**      **909 E. BOUGAINVILLEA**  
**LEHIGH ACRES, FL. 33936**      **LEHIGH ACRES, FL. 33936**

**DO NOT WRITE IN THIS SPACE**



01052005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1603315**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WILLIAMS, THOMAS R**  
**909 E BOUGAINVILLEA**  
**LEHIGH ACRES, FL 33936**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retreating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, THOMAS 909 EAST BOUGAINVILLEA LEHIGH ACRES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, JOAN 909 EAST BOUGAINVILLEA LEHIGH ACRES, FL
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100000231342  
 02/16/05-80027-008 150.00

**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)(f), 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:** *Thomas R. Williams, PRES.*    2-13-05    239-369-8676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #