

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479317

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: THE KEY CORPORATION

**Current Principal Place of Business:**

909 E. BOUGAINVILLEA  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

909 E. BOUGAINVILLEA  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

FEI Number: 59-1603315      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLIAMS, THOMAS R  
909 E BOUGAINVILLEA  
LEHIGH ACRES, FL 33936      US

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

WILLIAMS, THOMAS R PRES  
909 E BOUGAINVILLEA  
LEHIGH ACRES, FL 33936      US

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: THOMAS R. WILLIAMS      01/25/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: WILLIAMS, THOMAS,  
Address: 909 EAST BOUGAINVILLEA  
City-St-Zip: LEHIGH ACRES, FL

Title: S      ( ) Delete  
Name: WILLIAMS, JOAN,  
Address: 909 EAST BOUGAINVILLEA  
City-St-Zip: LEHIGH ACRES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: WILLIAMS, THOMAS R  
Address: 909 EAST BOUGAINVILLEA  
City-St-Zip: LEHIGH ACRES, FL

Title: S      (X) Change ( ) Addition  
Name: WILLIAMS, JOAN B  
Address: 909 EAST BOUGAINVILLEA  
City-St-Zip: LEHIGH ACRES, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS R. WILLIAMS      P      01/25/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date