

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 523334**

1. Entity Name  
**KEY WARREN, INC.**



Principal Place of Business  
**% HOLDING CAPITAL GROUP INC.  
104 CRANDON BLVD #419  
KEY BISCAYNE, FL 33149 US**

Mailing Address  
**% HOLDING CAPITAL GROUP INC.  
104 CRANDON BLVD., #419  
KEY BISCAYNE, FL 33149 US**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1722530**

Applied For  
Not Applicable

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

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

**SPENCER, S.A.  
251 CRANDON BLVD.  
#164  
KEY BISCAYNE, FL 33149**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SPENCER, S. A.  
STREET ADDRESS 251 CRANDON BLVD. #164  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE VD  
NAME SPENCER, MARY M.  
STREET ADDRESS 251 CRANDON BLVD. #164  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE VD  
NAME DONAGHY, JAMES W.  
STREET ADDRESS 7 RIDGEWOOD DRIVE  
CITY-ST-ZIP BRIDGEWATER, CT 06752

TITLE S  
NAME LEISCHNER, STEVEN  
STREET ADDRESS 1979 DOGWOOD DR  
CITY-ST-ZIP SCOTCH PLAINS, NJ 07076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000742406  
05/15/07-80067-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Steven Leischer* - Steven Leischer, Secretary

4/23/07

(305)361-8864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #