

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 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**



01092008 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, 2008 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	

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03/27/08-80058-022 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/08 *(305) 361-8864*