


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 744936</b> 1. Entity Name THE KEY PLAYERS, INC.	
---	---

Principal Place of Business 178 PLANTATION AVE TAVERNIER, FL 33070 US	Mailing Address PO BOX 1338 TAVERNIER, FL 33070 US
---	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



02122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1843231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MIKLAS, JOE 88765 O/S HWY TAVERNIER, FL 33070
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MESSINA, PATRICE 178 PLANTATION AVE TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BUTLER, THOMS 369 BAHIA AVENUE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WELLS, NANCY 41 HIGH POINT RD PLANTATION KEY, FL 33070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHNEIDER, DAVID 105 LAKE RD TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUSSER, XOCHI 12 GULF DR KEY LARGO, FL 33070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000636228 02/26/07-80008-015 61.25</p> <b>DO NOT WRITE IN THIS SPACE</b>
--

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 617, 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: T.J. Butler 2/14/07 305 453 0997  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #