

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90418 026 ***150.00

DOCUMENT # F02000003020

1. Entity Name
INTELLIKEY CORPORATION



Principal Place of Business
**4325 WOODLAND PARK DR.
STE 102
MELBOURNE, FL 32904**

Mailing Address
**4325 WOODLAND PARK DR.
STE 102
MELBOURNE, FL 32904**



04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0629236

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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, 2006 Fee will be \$550.00**

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
**S
BRAGG, GARY L
531 PLYMOUTH RD., SUITE 500
PLYMOUTH MEETING, PA 19462**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
VERGE, WILLIAM
329 PIAZONE LANE
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PITNER, SHANNON
410 N. MIRAMAR AVE.
INDIALANTIC, FL 32903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
CHHATWAL, SINGH
4325 WOODLAND PARK DR. STE 102
MELBOURNE, FL 32904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
William Wagner
862 Hawksbill Island Dr.
Satellite Beach, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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. If all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2006 321-724-5595
Date Daytime Phone #