

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F03000006021**

1. Entity Name  
**KEYS UNLIMITED, INC.**



Principal Place of Business  
**7 GURNET SHORE  
BRUNSWICK, ME 04011**

Mailing Address  
**5409 OVERSEAS HIGHWAY  
#158  
MARATHON, FL 33050-2710**



03302008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**01-0507309**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**WOLFE, JOHN J  
2955 OVERSEAS HIGHWAY  
MARATHON, FL 33050**

**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

U000000881793

04/16/08-80015-006 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	CPT
NAME	COFFIN, HEIDI
STREET ADDRESS	7 GURNET SHORE
CITY-ST-ZIP	BRUNSWICK, ME 04011

TITLE	VCV
NAME	COFFIN, JOHN
STREET ADDRESS	7 GURNET SHORE
CITY-ST-ZIP	BRUNSWICK, ME 04011

TITLE	C
NAME	HOWARD, CLAYTON N
STREET ADDRESS	1 MAIN STREET
CITY-ST-ZIP	DAMARISCOTTS, ME 04543

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John Coffin**

**3/31/08**

Date

**207 504-3330**

Daytime Phone #