

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001881

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: KEYS DEVELOPMENT GROUP, INC.

## Current Principal Place of Business:

6223 HIGHCROFT  
NAPLES, FL 34119

## New Principal Place of Business:

## Current Mailing Address:

6223 HIGHCROFT  
NAPLES, FL 34119

## New Mailing Address:

FEI Number: 20-8783894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: BOYKIN, ROBERT W  
Address: 6223 HIGHCROFT  
City-St-Zip: NAPLES, FL 34119

Title: DV ( ) Delete  
Name: BOYKIN, JOHN E  
Address: 485 DOCKSIDE DRIVE #303  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: ZDOLSHEK, GARY A  
Address: 7544 OLD QUARRY LANE  
City-St-Zip: BRECKSVILLE, OH 44141

Title: S (X) Delete  
Name: SMITH, JOSEPH S  
Address: 45 W PROSPECT AVE SUTIE 1515  
City-St-Zip: CLEVELAND, OH 44115

Title: T (X) Delete  
Name: SMITH, GREG R  
Address: 45 W PROSPECT AVE SUTIE 1515  
City-St-Zip: CLEVELAND, OH 44115

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W BOYKIN

CP

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date