

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90039 028 ***150.00

DOCUMENT # H73592

1. Entity Name
KEY ROSE, INC.



Principal Place of Business

**499 N STATE RD 434
STE 2179
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address

**499 N STATE RD 434
STE 2179
ALTAMONTE SPRINGS, FL 32714 US**

DO NOT WRITE IN THIS SPACE



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2585524

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLLINGSWORTH II, GEORGE R
499 STATE RD 434
SUITE 2179
ALTAMONTE SPRINGS, FL 32714**

**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 PD
NAME HOLLINGSWORTH, GEORGE S
STREET ADDRESS 499 ST. RD. 434, STE. 2179
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE DS
NAME HOLLINSWORTH, STEPHANIE
STREET ADDRESS 499 NORTH STATE RD 434 STE 2179
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE VPTD
NAME HOLLINGSWORTH II, GEORGE R
STREET ADDRESS 499 NORTH STATE RD 434 STE 2179
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

2/8/06

407-862-5560