

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2008 08:00 AM
Secretary of State

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



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 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	HOLLINGWORTH, 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	
STREET ADDRESS	
CITY-ST-ZIP	

U000000834980
02/29/08-80017-009 150.00

**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

Day

Daytime Phone #