

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H73592

Entity Name: KEY ROSE, INC.

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2585524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: GEORGE R. HOLLINGSWORTH, II

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLLINGSWORTH, GEORGE S
Address: 499 ST.RD.434,STE.2179
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DS () Delete
Name: HOLLINSWORTH, STEPHANIE
Address: 499 NORTH STATE RD 434 STE 2179
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPTD () Delete
Name: HOLLINGSWORTH II, GEORGE R
Address: 499 NORTH STATE RD 434 STE 2179
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPTD (X) Change () Addition
Name: HOLLINGSWORTH II, GEORGE R II
Address: 499 NORTH STATE RD 434 STE 2179
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: GEORGE SCOTT HOLLINGSWORTH

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date