

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # H73934

1. Entity Name
KEY TRAVEL, INC.



Principal Place of Business
**VERANDA INN
1201 S MCCALL RD
ENGLEWOOD, FL 34223-4231**

Mailing Address
**2073 S. MCCALL RD.
ENGLEWOOD, FL 34223 US**



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0114034

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIGNAM, THOMAS M.
1201 S MCCALL RD
ENGLEWOOD, FL 33533**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000605140
01/30/07-80024-006 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DIGNAM, THOMAS M.
1201 S MCCALL RD
ENGLEWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
NEWELL, DARRYL A.
3579 S. ACCESS RD. #L
ENGELWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHWORM, EARL F.
RT. 771 BOX 519
PLACIDA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DIGNAM, DAVID M.
1201 SO. MC CALL ROAD
ENGLEWOOD, FL 34223**

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

01/24/07

Date

Daytime Phone # _____