


#158.75

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # L41969</b> 1. Entity Name WINDLEY KEY ASSOCIATES, INC.		
Principal Place of Business 84001 OVERSEAS HIGHWAY ISLAMORADA, FL 33036	Mailing Address 84001 OVERSEAS HIGHWAY ISLAMORADA, FL 33036	

**FILED**

05 FEB 22 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01312005 No Chg-P CR2E034 (10/03) *MRX*

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0164292	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CELENTANO, VINCENT D  
OFFICE OF GENERAL MANAGER  
84001 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

02/22/05-00231001 952.50

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CELENTANO, MARY N 987 HILLSBORO MILE HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LORICCO, RICHARD A 138 ORANGE STREET NEW HAVEN, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CELENTANO, DAVID 987 HILLSBORO MILE HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2-1-05

Date

954-234-049

Daytime Phone #

*David Celentano*