


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L69998 1. Entity Name KEYS FURNITURE CONNECTION, INC.	
--	---

Principal Place of Business %ROSS D. ELWELL 1757 OVERSEAS HIGHWAY MARATHON, FL 33050	Mailing Address 1429 N. KROME AVE % FURNITURE NOW FLORIDA CITY, FL 33034 US
--	---

DO NOT WRITE IN THIS SPACE



07252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0335802	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent ELWELL, ROSS D 1757 OVERSEAS HWY MARATHON, FL 33050	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)

U000000771092
08/01/07-80004-014 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELWELL, ROSS D 1757 OVERSEAS HWY. MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELWELL, JANICE 1757 OVERSEAS HWY. MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELWELL, CHRISTOPHER 1757 OVERSEAS HWY. MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 another like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25
Date

Daytime Phone #