


**2004 FOR PROFIT CORPORATION-  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L78929**  
1. Entity Name  
**KEY INVESTMENT DEVELOPMENT CORP.**



Principal Place of Business <b>1555 E BAY DR SUITE H LARGO, FL 33771 US</b>	Mailing Address <b>1555 E BAY DR SUITE H LARGO, FL 33771 US</b>
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**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-P CR2E034 (10/03)

4. FEJ Number <b>59-3019797</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**KAPLAN, ROBERTA D  
1555 E BAY DRIVE  
SUITE H  
LARGO, FL 33771**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000145000 05/03/04-80006-010 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COBB, TED 11556 TRADEWINDS BLVD LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KAPLAN, ROBERTA D 2305 WILLIAMS DRIVE CLEARWATER, FL 33764
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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 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: Ted Cobb 4-29-04 (727) 581-9696**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #