

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**



|                                                                                                                                                                                                                               |                                                                                                          |                                             |                                                                                 |                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M99106</b><br>1. Entity Name<br><b>KEYS SUPPLY, INC.</b>                                                                                                                                                        |                                                                                                          |                                             |                                                                                 |                                                                                                                                                                         |  |
| Principal Place of Business<br><b>88900 OVERSEAS HWY<br/>PLANTATION KEY FL 33070<br/>US</b>                                                                                                                                   |                                                                                                          |                                             | Mailing Address<br><b>102131 OVERSEAS HIGHWAY<br/>KEY LARGO FL 33037<br/>US</b> |                                                                                                                                                                         |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt #, etc                                                                                                                                                       |                                                                                                          | 3. Mailing Address<br><br>Suite, Apt #, etc |                                                                                 |                                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                  |                                                                                                          | City & State                                |                                                                                 | 4. FEI Number <b>65-0071349</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applied         </div>               |  |
| Zip                                                                                                                                                                                                                           | Country                                                                                                  | Zip                                         | Country                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CUMMINGS, WELDON J<br/>102131 OVERSEAS HIGHWAY<br/>KEY LARGO FL 33037</b>                                                                                           |                                                                                                          |                                             |                                                                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title, if applicable</small>                                 |                                                                                                          |                                             |                                                                                 |                                                                                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                                                                          |                                             |                                                                                 | 9. Election Campaign Financing <b>\$5.00 May 2</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>                                            |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                                                          |                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                           |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | P<br><b>CUMMINGS, WELDON<br/>113 SOUTH DRIVE<br/>ISLAMORADA FL 33036</b> <input type="checkbox"/> Delete |                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U00000609337<br/>02/01/07-80047-002 150.00</b>                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                          |                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                          |                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                          |                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                          |                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                          |                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** WELDON J. Cummings **1-24-07** **305-451-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #