

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49015

FILED
Jan 25, 2008
Secretary of State

Entity Name: KEY CENTER HOMES, INC.

Current Principal Place of Business:

1315 N. VANNORTWICK RD.
LECANTO, FL 344619710 US

New Principal Place of Business:

Current Mailing Address:

130 HEIGHTS AVE
INVERNESS, FL 344524571 US

New Mailing Address:

FEI Number: 59-3129990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLE, CHESTER V MR.
1315 N. VANNORTWICK RD.
LECANTO, FL 344619710 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPOONER, PHILIP F MR.
Address: 4149 E. SPOONER LANE
City-St-Zip: HERNANDO, FL 34442

Title: PD () Delete
Name: DETMER, E DAVID
Address: 85 S MAYLAN AVE
City-St-Zip: LECANTO, FL 34461

Title: STD () Delete
Name: HEPFER, ROBERT B MR.
Address: 5684 E. CARLTON CT.
City-St-Zip: INVERNESS, FL 34453

Title: VD () Delete
Name: BRENNAN, NEALE
Address: 4351 E PARSONS POINT RD
City-St-Zip: HERNANDO, FL 344423475

Title: D () Delete
Name: ZEMANIK, CAROLYN
Address: 2575 N LANTERN TERR
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: DODGE, EDWARD DR
Address: 8581 E SWEETWATER DR
City-St-Zip: INVERNESS, FL 344507300

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B. HEPFER

ST

01/25/2008

Electronic Signature of Signing Officer or Director

Date