## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # N980000046			04	-26-2005 9	0128 029 ****6	1.25
1162 INDIAN HILLS BLVD 1162		Mailing Address 1162 INDIAN HILLS BLV VENICE, FL 34293	62 INDIAN HILLS BLVD				
Principal Place of Business     3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242005 Ct	ng-NP	CR2E037 (10/03)	)
City & State		City & State		4. FEI Number 65-089680	9	<del></del>	Applied For
Zip	Country	Zip	Country	5. Certificate of St		\$8.75 A	dditional
	6. Name and Address of Current Re	egistered Agent	1	7. Name and Add	ress of New Re		
			Name				
KEYS - CALDWELL INC 1162 INDIAN HILLS BLVD VENICE, FL 34293			Street Addr	ess (P.O. Box Number is t	Not Acceptable	r)	
			City			FL Zip Co	ode
	named entity submits this statement for t ions of registered agent.	he purpose of changing its	registered office or re-	gistered agent, or both, in	the State of Flo	rida. I am familiar wit	h, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	E Registered Agent signature re	equired when reinstating)		DATE	<del></del>
SIGNATURE.	Signature, typed or printed name of registered agent and Filling Fee is \$61.25	<del></del>	npaign Financing	\$5.00 May Be		DATE ake check payable	
SIGNATURE .	Filing Fee is \$61.25 \ Due by May 1, 2005	9. Election Cam Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Flori	ake check payable ida Department of	State
G	Filing Fee is \$61.25	9. Election Cam Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flori ES TO OFFICER TWO VN FULCS	ake check payable ida Department of RS AND DIRECTORS	State IN 10
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25  Due by May 1, 2005  OFFICERS AND DIRE  PD  FONTANA, ALFRED  303 AUBURN LAKES CIRCLE	9. Election Cam Trust Fund C	npaign Financing Contribution.   11.  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANG  (MISTOPLAN)  1802 ANDO  VINICE FU  1(003 AND	Flori Tect Vin Lates - 34292 CHT Vin Lalos	ake check payable ida Department of PRS AND DIRECTORS Change	State IN 10  Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61:25  Due by May 1, 2005  OFFICERS AND DIRE  PD FONTANA, ALFRED 303 AUBURN LAKES CIRCLE  VENICE, FL 34292  D DOMINIA, MENTA 1201 AUBURN LAKE CIR	9. Election Cam Trust Fund C	Depaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANGE  (B) (A(Stap)ge) 1902 AVBO  Y(A)CE FL  1(603 AVBO  V(A)CE FL  V(A)CE FL  1(603 AVBO  V(A)CE FL  V(	Flori Tect Vn Lakes - 34292 CH Vm Lakes - 34292	ake check payable ida Department of RS AND DIRECTORS Change Circle Change	State IN 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61:25 Due by May 1, 2005  OFFICERS AND DIRE  PD  FONTANA, ALFRED  303 AUBURN LAKES CIRCLE  VENICE, FL 34292  D  DOMINIA, MENTA 1201 AUBURN LAKE CIR  VENICE, FL 34292  TD  MARGOT BUONAROSA, MARY  1302 AUBURN LAKES CIR	9. Election Cam Trust Fund C	Depaign Financing Contribution.  11.  11ILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANG  () () () () () () () () () () () () () (	Flori Tect Vn Lakes - 34292 CH Vm Lakes - 34292	ake check payable ida Department of RS AND DIRECTORS Change Circle Change	State  IN 10  Addition  Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61:25 Due by May 1, 2005  OFFICERS AND DIRE  PD  FONTANA, ALFRED  303 AUBURN LAKES CIRCLE  VENICE, FL 34292  D  DOMINIA, MENTA  1201 AUBURN LAKE CIR  VENICE, FL 34292  TD  MARGOT BUONAROSA, MARY  1302 AUBURN LAKES CIR  VENICE, FL 34292  SD  JOHNSON, RUTH  204 AUBURN LAKES CICRLE	9. Election Carr Trust Fund C  CTORS  Delete  Delete	Inpaign Financing Contribution.  11.  1ITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANGE  (B) (A(Stap)ge) 1902 AVBO  Y(A)CE FL  1(603 AVBO  V(A)CE FL  V(A)CE FL  1(603 AVBO  V(A)CE FL  V(	Flori Tect Vn Lakes - 34292 CH Vm Lakes - 34292	ake check payable ida Department of PRS AND DIRECTORS Change Circle Change Change Change	State  IN 10  Addition  Addition  Addition

12. I hereby certify that the information supplied with this filling 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 617, 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

4-15-05

941-468-4387

Daytime Phone ∉