

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000092483

Entity Name: INSTANT KEYS, INC.

FILED
Aug 27, 2009
Secretary of State

Current Principal Place of Business:

1855-9 CASSAT AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

1855-9 CASSAT AVENUE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3676077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUDWIG & ASSOCIATES, P.A.
5150 BELFORT RD. S.
#500
JACKSONVILLE, FL 32256 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: S,T () Delete
Name: ROSS, JENNIFER L
Address: 4068 RINGNECK DR.
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP () Delete
Name: ROSS, ERIC M
Address: 4068 RINGNECK DR.
City-St-Zip: JACKSONVILLE, FL 32226

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: ROSS, JENNIFER L
Address: 4068 RINGNECK DR.
City-St-Zip: JACKSONVILLE, FL 32226

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

Title: PD () Change (X) Addition
Name: HIRSCHY, ROGER
Address: 1855-9 CASSAT AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Change (X) Addition
Name: YODERIAN, JL
Address: 1855-9 CASSAT AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JL YODERIAN

T

08/27/2009

Electronic Signature of Signing Officer or Director

Date