

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000075974

1. Entity Name  
KEYS PUBLISHING CO., INC.



Principal Place of Business  
9072 MISTY CREEK DR  
SARASOTA, FL 34241

Mailing Address  
9072 MISTY CREEK DR  
SARASOTA, FL 34241

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1148798

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WALSH, TIMOTHY  
9072 MISTY CREEK DR  
SARASOTA, FL 34241

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000403250  
02/03/06-80040-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WALSH, TIM
STREET ADDRESS	9072 MISTY CREEK DR
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	S
NAME	WALSH, SARAH
STREET ADDRESS	9072 MISTY CREEK DR
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained 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 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:

*Tim Walsh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06

(941) 926-8000

Date

Daytime Phone #