





2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90166 034 ***150.00

DOCUMENT # P01000078117 1. Entity Name JIMMY KEYS, INC.																													
Principal Place of Business 4788 ALBERTON CT., #2902 NAPLES, FL 34105			Mailing Address 4788 ALBERTON CT., #2902 NAPLES, FL 34105																										
2. Principal Place of Business 2029 Isla de Palma Cir. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2029 Isla de Palma Cir. <small>Suite, Apt. #, etc.</small>																											
City & State 		City & State 		4. FEI Number 59-3756413																									
Zip 34119		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KEYS, JAMES 4788 ALBERTON CT., #2902 NAPLES, FL 34105				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2029 ISLA DE PALMA CIRCLE City NAPLES FL Zip Code 34119																									
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  DATE 4/8/05 <small>Signature, handwritten name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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12. I hereby certify that the information supplied with this filing 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 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: 				JAMES KEYS (239) 566-6035																									
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>																									