## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 04, 2008 8:00 am Secretary of State DOCUMENT # P01000078117 1. Entity Name 02-04-2008 90049 021 \*\*\*150 00 JIMMY KEYS, INC. Principal Place of Business Mailing Address 2029 ISLA DE PALMA CIR 2029 ISLA DE PALMA CIR NAPLES, FL 34119 NAPLES, FL 34119 01152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3756413 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KEYS, JAMES 2029 ISLA DE PALMA CIRCLE NAPLES, FL 34119 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE KEYS, JAMES NAME STREET ADDRESS 2029 ISLA DE PALMA CIR CITY-ST-7IP NAPLES, FL 34119 TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

**FILED**