

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90093 026 ***550.00

0050104 AV

DOCUMENT # P01000080552

1. Entity Name
GOLD KEY DEVELOPMENT, INC.



Principal Place of Business
1213 EAST 5TH STREET
PANAMA CITY FL 32401

Mailing Address
1213 EAST 5TH STREET
PANAMA CITY FL 32401



2. Principal Place of Business
3409 W. 19th St.
Suite, Apt. #, etc.
Panama City, Fla.
City & State
Florida 32405

3. Mailing Address
3409 W. 19th St.
Suite, Apt. #, etc.
Panama City, Fla.
City & State

CHECK HERE IF MAKING CHANGES

Zip
32405 Country
Bay

Zip
32405 Country
Bay

4. FEI Number 59-3741097

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANFORD, ROBERT J
3409 W 19 STREET
PANAMA CITY FL 32405

Name Jane A. Jones
Street Address (P.O. Box Number is Not Acceptable)
3409 W. 19th St.
City Panama City, Fla. FL Zip Code 32405

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 *Jane A. Jones*

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD Delete
NAME DANFORD, ROBERT J
STREET ADDRESS 1213 EAST 5TH STREET
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE V. President Change Addition
NAME Jane A. Jones
STREET ADDRESS 3409 W. 19th St.
CITY-ST-ZIP Panama City, Fla. 32405

TITLE Director Delete
NAME Jane A. Jones
STREET ADDRESS 3409 W. 19th St.
CITY-ST-ZIP Panama City, Fla. 32405

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jane A. Jones* SIGNATURE REQUIRED

5-29-03 (850) 769-9044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)