

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-24-2004 90025 024 ***150.00

| | | | |
|---|--|--|--|
| DOCUMENT # P01000118474 1. Entity Name TRAVELKEY INVESTMENTS CORPORATION | | | |
| Principal Place of Business 1100 LINTON BLVD., STE. C-9 DELRAY BEACH, FL 33444 | | Mailing Address 1100 LINTON BLVD., STE. C-9 DELRAY BEACH, FL 33444 | |
| 2. Principal Place of Business 1001 E. Atlantic Ave Suite, Apt. #, etc. Suite 302 City & State Delray Beach, FL Zip 33483 | | 3. Mailing Address 1001 E. Atlantic Ave Suite, Apt. #, etc. Suite 302 City & State Delray Beach, FL Zip 33483 | |
| 4. FEI Number APPLIED FOR | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete WALSH, MICHAEL 1100 LINTON BLVD., STE. C-9 DELRAY BEACH, FL 33444 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 E. Atlantic Ave Delray Beach, FL 33483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete WALSH, MARK 1100 LINTON BLVD., STE. C-9 DELRAY BEACH, FL 33444 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 E. Atlantic Ave Delray Beach, FL 33483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete WALSH, WILLIAM 1100 LINTON BLVD., STE. C-9 DELRAY BEACH, FL 33444 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Market Street Portsmouth, NH 03801 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 fee empowered. | | | |
| SIGNATURE: <u>Michael Walsh</u> | | Date: <u>2/25/04</u> Daytime Phone #: <u>(561) 279-9900</u> | |

66410881



01222004 Chg-P CR2E034 (10/03)

Attachment 666410881
PO1000118474

Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

| | | | |
|--|---|--|---|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested <u>Ten Wiley Investments Corporation</u> | | |
| | 2 Trade name of business (if different from name on line 1) | | 3 Executor, trustee, "care of" name |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) <u>1001 E. Atlantic Ave, Suite 202</u> | | 5a Street address (if different) (Do not enter a P.O. box.) |
| | 4b City, state, and ZIP code <u>Delray Beach FL 33483</u> | | 5b City, state, and ZIP code |
| | 6 County and state where principal business is located <u>Palm Beach (County) Florida (State)</u> | | |
| | 7a Name of principal officer, general partner, grantor, owner, or trustor <u>Richard C. Ade, Executive Vice President</u> | | 7b SSN, ITIN, or EIN <u>(135-44-8086)</u> |
| | 8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ <u>C-Corp</u> | | |
| | <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____ | | |
| | 8b If a corporation, name the state or foreign country (if applicable) where incorporated <u>Florida</u> | | Foreign country |
| | 9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>real estate acquisition</u> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ | | |
| 10 Date business started or acquired (month, day, year) <u>12/14/01</u> | | 11 Closing month of accounting year <u>December</u> | |
| 12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ <u>N/A</u> | | | |
| 13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-0". ▶ <u>0</u> | | | |
| 14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail | | | |
| 15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>N/A</u> | | | |
| 16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c. | | | |
| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____ | | | |
| 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____ | | | |
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | | |
| | Designee's name _____ Address and ZIP code _____ | Designee's telephone number (include area code) () _____ Designee's fax number (include area code) () _____ | |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | | | |
| Name and title (type or print clearly) ▶ <u>Richard C. Ade, Executive Vice President</u> | | Applicant's telephone number (include area code) (603) 559-2101 | |
| Signature ▶ <u>[Signature]</u> | | Applicant's fax number (include area code) (603) 559-2182 | |
| Date ▶ <u>4/5/04</u> | | | |