

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90001 038 ***550.00

DOCUMENT # P02000016822 1. Entity Name ALL KEYS GAS SERVICE, INC.					
Principal Place of Business 127 INDUSTRIAL BLVD SUITE B BIG PINE KEY, FL 33043			Mailing Address PO BOX 420060 SUMMERLAND KEY, FL 33043		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 12452 Prather Avenue Suite, Apt. #, etc.			
City & State Zip		City & State Port Charlotte, Florida Zip 33981		Country USA	
4. FEI Number 65-0904865				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSKEY, MIMI 22968 JOHN AVERY LANE CUDJOE KEY, FL 33042			7. Name and Address of New Registered Agent Name Mitchell Roop Street Address (P.O. Box Number is Not Acceptable) MITCH ROOP INC 12601 Wood Ibis Way City Tampa FL Zip Code 33624		
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 MITCHELL ROOP Signature, by name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when "amending")					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P OSKEY, ERNIE M 22968 JOHN AVERY LANE CUDJOE KEY, FL 33042		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSKEY, ERNIE M 12452 PRATHER AVENUE PORT CHARLOTTE, FL 33981	
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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: Meta M. Oskey SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR			8-28-07 Date		