

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

ATX1

DOCUMENT # P02000022904	
1. Entity Name	
READINGKEY INC	

FILED
2006 SEP 18 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16940 SW 46TH STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA, FL		City & State	
Zip 34481	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name RICHARD PRESSINGER		
	Street Address (P.O. Box Number is Not Acceptable) 16940 SW 46TH ST		
City OCALA		FL	Zip Code 34481

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 Richard Pressinger **RICHARD PRESSINGER, PRESIDENT** 9/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS				11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RICHARD PRESSINGER 16940 SW 46TH ST OCALA, FL 34481			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800080026798 09/21/06--01023--018 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SUZANNE PRESSINGER 16940 SW 46TH ST OCALA, FL 34481			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Pressinger **RICHARD PRESSINGER** 9/15/06 (352) 465-8658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #