


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State


05-09-2006 90081 033 ***550.00

DOCUMENT # P02000034949	
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1. Entity Name THE MAINTENANCE COMPANY OF THE KEYS, INC.
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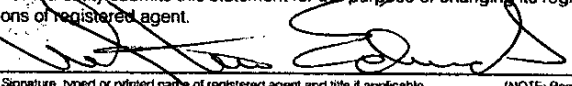
Principal Place of Business 4560 31ST AVE N ST PETERSBURG, FL 33713	Mailing Address 4560 31ST AVE N ST PETERSBURG, FL 33713
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2. Principal Place of Business 1930 - 1 st Ave N Suite, Apt. #, etc. #203 City & State St. Petersburg, FL Zip 33707	3. Mailing Address 1893 Shore Dr. So. Suite, Apt. #, etc. #217 City & State St. Petersburg, FL Zip 33707
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01202006 Chg-P CR2E034 (11/05)
4. FEI Number 30-0099695
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent W. STEVEN EDMONDS 4560 31ST AVE N ST PETERSBURG, FL 33713

7. Name and Address of New Registered Agent Name W. STEVEN EDMONDS Street Address (P.O. Box Number is Not Acceptable) 1893 Shore Dr. So. #217 City St. Petersburg, FL Zip Code 33707

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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P W. STEVEN EDMONDS 4560 31ST AVE N ST PETERSBURG, FL 33713 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDMONDS, DIANE D 4560 31ST AVE N ST PETERSBURG, FL 33713 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P W. STEVEN EDMONDS 1893 Shore Dr. So. #217 St. Petersburg, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Diane Edmonds 1893 Shore Dr. So. #217 St. Petersburg, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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. 