

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054847

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: KEYS RIGGING, INC.

## Current Principal Place of Business:

10702 5TH AVE. GULF  
MARATHON, FL 33050 US

## New Principal Place of Business:

## Current Mailing Address:

5409 OVERSEAS HWY  
307  
MARATHON, FL 33050 US

## New Mailing Address:

FEI Number: 01-0691940      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHOTWELL, GARY W  
10702 5TH AVE. GULF  
MARATHON, FL 33050 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHOTWELL, GARY W  
Address: 10702 5TH AVE. GULF  
City-St-Zip: MARATHON, FL 33050 US

Title: D ( ) Delete  
Name: SMITH, GAVIN S  
Address: 700 39TH ST. GULF  
City-St-Zip: MARATHON, FL 33050 US

Title: D (X) Delete  
Name: SHOTWELL, KAREN A  
Address: 100 COCO PLUM DRIVE #61  
City-St-Zip: MARATHON, FL 33050

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SHOTWELL, KAREN A  
Address: 100 COCO PLUM DRIVE #61  
City-St-Zip: MARATHON, FL 33050 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY SHOTWELL

D

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date