

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091962

Entity Name: AUTOKEYS, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

903 E 93 AVE  
TAMPA, FL 33612 US

## New Principal Place of Business:

## Current Mailing Address:

903 E 93 AVE  
TAMPA, FL 33612 US

## New Mailing Address:

FEI Number: 05-0527828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA AGENT SERVICES, LLC  
92 SADBERRY ROAD  
QUINCY, FL 323510000 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: PD ( ) Delete  
Name: FONSECA, ANTHONY  
Address: 903 E. 93RD AVENUE  
City-St-Zip: TAMPA, FL 33612 US

Title: VT ( ) Delete  
Name: MENENDEZ, JANICE M  
Address: 903 E. 93RD AVENUE  
City-St-Zip: TAMPA, FL 33612 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY J. FONSECA

PD

04/28/2005

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

\_\_\_\_\_  
Date