


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000021328</b> 1. Entity Name KEY CONTROL TECHNOLOGIES, INC.	
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Principal Place of Business 1517 SE 11TH STREET OCALA, FL 34471 US	Mailing Address 1517 SE 11TH STREET OCALA, FL 34471 US
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01182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 57-1152610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LANIER, DONNA M 1517 SE 11TH STREET OCALA, FL 34471
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**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANIER, DONNA M 1517 SE 11TH STREET OCALA, FL 34471
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01/22/07-80012-002 158.75

**DO NOT WRITE  
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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: Donna Lanier Donna M. Lanier 2-18-07 352-817-6022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #