


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90061 048 \*\*\*150.00

<b>DOCUMENT # P03000083418</b> 1. Entity Name <b>KEY OPTIC, INC.</b>					
Principal Place of Business <b>4352 DUVAL STREET</b> <b>SPRING HILL, FL 34606</b>			Mailing Address <b>4352 DUVAL STREET</b> <b>SPRING HILL, FL 34606</b>		
2. Principal Place of Business <b>1202 S. Broad St.</b> Suite, Apt. #, etc. <b>B</b>		3. Mailing Address <b>1202 S. Broad St.</b> Suite, Apt. #, etc.			
City & State <b>Brooksville FL</b> Zip <b>34601</b>		City & State <b>Brooksville FL</b> Zip <b>34601</b>		4. FEI Number <b>41-2104394</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KEY, TERRY A</b> <b>1200 S. BROAD STREET</b> <b>BROOKSVILLE, FL 34601</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>D</b> NAME <b>KEY, TERRY A</b> STREET ADDRESS <b>4352 DUVAL STREET</b> CITY-ST-ZIP <b>SPRING HILL, FL 34606</b>	<input type="checkbox"/> Delete		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"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <u>Terry A. Key</u> TERRY A. KEY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-23-06</b> <small>Date</small>		<b>352-796-0340</b> <small>Daytime Phone #</small>