


2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/21

FILED
Jul 06, 2005 8:00 am
Secretary of State

06-22-2005 90079 042 ***150.00

DOCUMENT # P03000100724	
1. Entity Name KEYS CYCLE CORP.	

Principal Place of Business POST OFFICE BOX 315 ISLAMORADA, FL 33036	Mailing Address POST OFFICE BOX 315 ISLAMORADA, FL 33036
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66024225



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08082005 Chg-P CR2E034 (10/03)

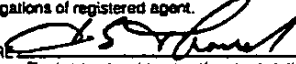
4. FEI Number 30-0205300	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
THORRICK, JOSEPH E 213 GULFVIEW DRIVE ISLAMORADA, FL 33036	

7. Name and Address of New Registered Agent	
Name: JOSEPH E. THORRICK	
Street Address (P.O. Box Number is Not Acceptable) 157 E4 CAPITAN DR.	
City ISLAMORADA	Zip Code FL 33036

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:  DATE: **6/14/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THORRICK, JOSEPH E CPA 171 HOOD AVENUE #24 TAVERNIER, FL 33070 <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
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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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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **JOSEPH E. THORRICK** DATE: **6/14/05** DAYTIME PHONE: **852-9800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

66024225

KEYS CYCLE CORP.

P.O. Box 315

Islamorada, Florida 33036

(305) 664-0804

July 1, 2005


Florida Department of State
C/o Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

In Re: P03000100724

Dear Ms. Hood,

I received a letter from your office dated June 23, 2005 requesting additional money for my annual business report. Your previous letter required that we resubmit the form because the signature was not present. In fact, it stated that in order to avoid any additional fees, please resubmit within 30 days of the date of the letter. We did. Now you're asking for more money. We paid. In fact, I forwarded a copy of your letter with the payment. Please reinstate the Corporation to its active status.

Thank you.



Joseph E. Thorrick
Pres.