

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

05-02-2007 90063 048 ****50.00
06-06-2007 90069 023 ***100.00

5/

DOCUMENT # P03000103282		
1. Entry Name LONG KEY REALTY INC.		

Principal Place of Business 6450 GULF BLVD ST PETE BEACH, FL 33706	Mailing Address 6450 GULF BLVD ST PETE BEACH, FL 33706
--	--

40120021



04302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 6920 GULF BLVD.		3. Mailing Address 6920 GULF BLVD	
State, Apt. #, etc. ST PETE		State, Apt. #, etc. ST PETE BEACH, FL	
City & State ST. PETE BEACH FL		City & State ST. PETE BEACH, FL	
Zip 33706	Country US	Zip 33706	Country US

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STEIN, HENRY A ESQ. STEIN, NELSON & WILLIAMS, LLP 1607 M.L. KING JR (9TH) ST. NO. ST PETERSBURG, FL 33704		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	---	--

8. The above named entry 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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)

FILE NOWIN FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FORONDA, JOSEPH P 6450 GULF BLVD ST PETE BCH, FL 33706	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	6920 GULF BLVD
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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 exercise 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 P. Foronda* **JOSEPH P. FORONDA** **4-30-07** **7274304618**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #