2004 FOR PROFIT CORPORATION
ANNUAL REPORT

3/

DOCUMENT # P03000157004

1. Entity Name
KEY RESIDENTIAL SERVICES, INC.

Principal Place of Business	Mailing Address
4903 OXFORD DRIVE SARASOTA, FL 34242	4903 OXFORD DRIVE SARASOTA, FL 34242

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

Zip	Country	Zip	Country

03062004   Chg-P   CR2E034 (10/03)

66402113

FEI Number **562397932**

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, JOHN
4903 OXFORD DRIVE
SARASOTA, FL 34242

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 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, 2004 Fee will be $550.00

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	PRESIDENT	☐ Delete		TITLE	☐ Change	☐ Addition
NAME	JOHN T. GORDON			NAME		
STREET ADDRESS	4903 OXFORD DR.			STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL. 34242			CITY-ST-ZIP		
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition
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CITY-ST-ZIP				CITY-ST-ZIP		
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CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		

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: _____ John Gordon   3-7-04   941-356-4815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #