2005 FOR PROFIT CORPORATION ANNUAL REPORT

12. I hereby certify that the information sindicated on this report or supplement the corporation or the receiver or the changed, or on an attachment with a

SIGNATURE:

Feb 25, 2005 08:00 AM Secretary of State DOCUMENT # P03000157004 1. Entity Name KEY RESIDENTIAL SERVICES, INC. Mailing Address Principal Place of Business 4903 OXFORD DRIVE 4903 OXFORD DRIVE SARASOTA, FL 34242 SARASOTA, FL 34242 02192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4 FFI Number 56-2397932 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GORDON, JOHN 4903 OXFORD DRIVE SARASOTA, FL 34242 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. 1 am lamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U00000243411 GORDON, JOHN T NAME 02/25/US-80038-015 150.00 4908 OXFORD DR. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

OFFICER OR DIRECTOR

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are and that my signature shall have the same legal effect as if made under oath, that I am an officer or director the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED