

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024402

FILED  
Jan 18, 2005  
Secretary of State

**Entity Name:** CONSTRUCTION MANAGEMENT ASSOCIATES OF THE KEYS, INC.

**Current Principal Place of Business:**

PO BOX 430928  
BIG PINE KEY, FL 330430928

**New Principal Place of Business:**

30364 QUAIL ROOST TRAIL  
BIG PINE KEY, FL 330430928

**Current Mailing Address:**

PO BOX 430928  
BIG PINE KEY, FL 330430928

**New Mailing Address:**

**FEI Number:** 20-0714661      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

REECE, ROBERT E  
3688 TREASURE ISLAND ST  
BIG PINE KEY, FL 33043 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** DP ( ) Delete  
**Name:** REECE, ROBERT E  
**Address:** PO BOX 430928  
**City-St-Zip:** BIG PINE KEY, FL 330430928

**Title:** DST ( ) Delete  
**Name:** REECE, JUDY  
**Address:** PO BOX 432123  
**City-St-Zip:** BIG PINE KEY, FL 330430928

**Title:** V ( ) Delete  
**Name:** BRICKERING, WILLIAM  
**Address:** PO BOX 2324  
**City-St-Zip:** BIG PINE KEY, FL 330430928

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** V (X) Change ( ) Addition  
**Name:** BRICKING, WILLIAM  
**Address:** PO BOX 2324  
**City-St-Zip:** BIG PINE KEY, FL 330430928

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JUDY REECE

DST

01/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date