

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024402

FILED
Mar 12, 2007
Secretary of State

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

Current Principal Place of Business:

30364 QUAIL ROOST TRAIL
BIG PINE KEY, FL 330430928

New Principal Place of Business:

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 ()

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: BRICKING, 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: 4590 ISABELLA INGRAM DR.
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

03/12/2007

Electronic Signature of Signing Officer or Director

Date