


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000050771 1. Entity Name FLA. KEYS MORTGAGE CO., INC.	
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Principal Place of Business 132 SUGARLOAF DRIVE SUGARLOAF SHORES, FL 33042	Mailing Address 132 SUGARLOAF DRIVE SUGARLOAF SHORES, FL 33042
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DO NOT WRITE IN THIS SPACE



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0759574	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent BLAKE, OLIVER 132 SUGARLOAF DRIVE SUGARLOAF SHORES, FL 33042

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES BLAKE, OLIVER 132 SUGARLOAF DRIVE SUGARLOAF SHORES, FL 33042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHANNON, MICHAEL W 132 SUGARLOAF DRIVE SUGARLOAF SHORES, FL 33042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC SHANNON, JEANINE T 132 SUGARLOAF DRIVE SUGARLOAF SHORES, FL 33042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES BLAKE, MARY E 132 SUGARLOAF DRIVE SUGARLOAF SHORES, FL 33042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/11/07-80004-022 150.00

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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 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: <u>Oliver Blake</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>	<u>3/30/07</u> <small>Date</small>	<u>309 745-1540</u> <small>Daytime Phone #</small>
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