## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000050771

Entity Name: FLA. KEYS MORTGAGE CO., INC.

FILED Apr 13, 2009 Secretary of State

Current P	rincipal Place o	of Business:	New Principal Place	New Principal Place of Business:	
17203 SNAPPER LANE SUGARLOAF SHORES, FL 33042				17165 WAHOO LANE SUGARLOAF SHORES, FL 33042	
Current Mailing Address:			New Mailing Address:		
17203 SNAPPER LANE SUGARLOAF SHORES, FL 33042			17165 WAHOO LANE SUGARLOAF SHORES, FL 33042		
FEI Number	: 20-0759574	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	LIVER .HOO LANE )AF SHORES, F	L 33042 US			
	named entity su e of Florida.	bmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BLAKE, OLIVER 17165 WAHOO L	Oelete ANE ORES, FL 33042	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SHANNON, MICH 132 SUGARLOAF		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ie: SHANNON, JĒÁNINE T ress: 132 SUGARLOAF DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BLAKE, MARY E 17165 WAHOO L	Delete ANE ORES. FL 33042	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: OLIVER BLAKE PRES 04/13/2009