

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90450 020 ***150.00

DOCUMENT # P04000061420					
1. Entity Name LAZY KEY, INC.					
Principal Place of Business 901 FLEMING STREET 2ND FLOOR KEY WEST, FL 33040 US			Mailing Address 901 FLEMING STREET 2ND FLOOR KEY WEST, FL 33040 US		
2. Principal Place of Business 3675 S. ROOSEVELT BLVD Suite, Apt. #, etc.		3. Mailing Address 17074 KINGFISH LN WEST Suite, Apt. #, etc.			
City & State KEY WEST, FL Zip: 33040 Country: US		City & State SUGARLOAF KEY, FL Zip: 33042 Country: US		4. FEI Number 20-1011428 Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SAWYER, THOMAS M 901 FLEMING STREET 2ND FLOOR KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: SAWYER, THOMAS M STREET ADDRESS: 901 FLEMING STREET CITY-ST-ZIP: KEY WEST, FL 33040	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: GUNTHER, JEFFREY C STREET ADDRESS: 901 FLEMING STREET CITY-ST-ZIP: KEY WEST, FL 33040	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: 17074 KINGFISH LANE WEST CITY-ST-ZIP: SUGARLOAF KEY, FL 33042	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S NAME: HOLLIDAY, DANIELLE STREET ADDRESS: 3322 DUCK AVENUE CITY-ST-ZIP: KEY WEST, FL 33040	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			JEFFREY C. GUNTHER 4/26/05 (305) 744-0929 Daytime Phone #		