

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088261

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: KEYSCONNECTIVITY, INCORPORATED

## Current Principal Place of Business:

30268 POINCIANA RD  
BIG PINE KEY, FL 33043

## New Principal Place of Business:

## Current Mailing Address:

30268 POINCIANA RD  
BIG PINE KEY, FL 33043

## New Mailing Address:

FEI Number: 74-3123793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILMOT, FIONA  
30268 POINCIANA RD  
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: D ( ) Delete  
Name: WILMOT, FIONA  
Address: 30268 POINCIANA RD  
City-St-Zip: BIG PINE KEY, FL 33043

Title: D ( ) Delete  
Name: ENSTROM, MARY  
Address: 57507 GIBSON ST  
City-St-Zip: MARATHON, FL 33050 US

Title: D ( ) Delete  
Name: ROBINSON, ERSKINE  
Address: 216 ANN STREET  
City-St-Zip: KEY WEST, FL 33040 US

Title: D (X) Delete  
Name: WERNDLI, STEPHEN  
Address: P.O. BOX 1083  
City-St-Zip: KEY LARGO, FL 33037 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change ( ) Addition  
Name: WILMOT, FIONA C  
Address: 30268 POINCIANA RD  
City-St-Zip: BIG PINE KEY, FL 33043

Title: MR (X) Change ( ) Addition  
Name: WERNDLI, STEPHEN P  
Address: 162 ADOBE CASA COURT  
City-St-Zip: TAVERNIER, FL 33070 US

Title: MR (X) Change ( ) Addition  
Name: ROBINSON, ERSKINE  
Address: 1100 SIMONTON STREET  
City-St-Zip: KEY WEST, FL 33040 US

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

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: FIONA C WILMOT

MS

04/18/2006

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

\_\_\_\_\_  
Date