

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000051692

FILED
Jul 10, 2006
Secretary of State

Entity Name: R-KEY AMUSEMENTS, INCORPORATED

Current Principal Place of Business:

11611 EAST BAY RD
GIBSONTONT, FL 33534

New Principal Place of Business:

Current Mailing Address:

11611 EAST BAY RD
GIBSONTONT, FL 33534

New Mailing Address:

FEI Number: 20-2631668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, DEBRA J
11611 EAST BAY RD
TAMPA, FL 33534 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOYLE, DEBRA J
Address: 11611 EAST BAY RD
City-St-Zip: GIBSONTONT, FL 33534

Title: VP () Delete
Name: BOYLE, CHARLES E
Address: 11611 EAST BAY RD
City-St-Zip: GIBSONTONT, FL 33534

Title: DIR. () Delete
Name: ENO, LAREN
Address: P.O. BOX 358,
City-St-Zip: LAFARGE, WI 54652

Title: DIR. () Delete
Name: ENO, CASANDRA B
Address: P.O. BOX 358
City-St-Zip: LAFARGE, WI 54652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DEBRA BOYLE

P

07/10/2006

Electronic Signature of Signing Officer or Director

Date