

2006 FOR PROFIT CORPORATION ANNUAL REPORT


2/6.

FILED
Mar 07, 2006 8:00 am
Secretary of State

02-06-2006 90063 043 ***150.00

DOCUMENT # P05000056063

1. Entity Name
KEYS ADVENTURES, INC.



Principal Place of Business
~~17 SHIPS WAY~~
~~BIG PINE KEY, FL 33043~~

Mailing Address
~~17 SHIPS WAY~~
~~BIG PINE KEY, FL 33043~~

00005514



2. Principal Place of Business
136 INDIES DR. N
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 1709
 Suite, Apt. #, etc.

01272006 Chg-P CR2E034 (11/05)

City & State
MARATHON, FL

City & State
MARATHON, FL

Zip
33050

Zip
33050

4. FEI Number
20-2715556

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LUCAS, LYNN B
5800 OVERSEAS HIGHWAY
MARATHON, FL 33050

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5800 OVERSEAS HWY

City **MARATHON** FL Zip Code **33050**

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 *[Signature]* DATE **1/30/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD LUCAS, LYNN B PO BOX 1709 MARATHON, FL 33050 <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
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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 *[Signature]* DATE **1/30/06** DAYTIME PHONE # **305-743-9292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT

66003914

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2006

KEYS ADVENTURES, INC.
P.O. BOX 1709
MARATHON, FL 33050

Subject: **KEYS ADVENTURES, INC.**

Reference Number: **P05000056063**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION