

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/27/2006 90033-037-\$150.00-\$150.00

DIVISION

FILED

06 OCT 10 AM 8:55

REINSTATEMENT 06



1st MOORE CR2E034 (10/05)

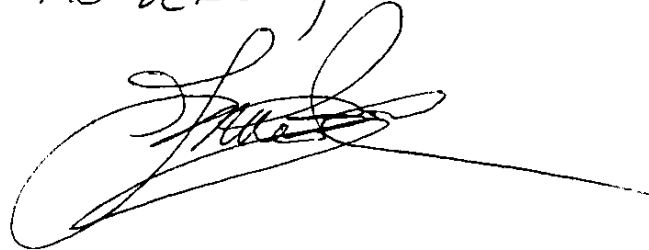
DOCUMENT # P05000096834					
1. Entity Name FLORIDA KEYS HOME SERVICES INC.					
Principal Place of Business 24 S BOUNTY LN KEY LARGO FL 33037			Mailing Address P O BOX 2375 KEY LARGO FL 33037		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEE NUMBER 20-317/282	
5. Name and Address of Current Registered Agent INGEGNO, JAMES 24 S BOUNTY LN KEY LARGO FL 33037				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 (a) state (g)) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	PSD STEPHENSON, SANDRA 24 S BOUNTY LN KEY LARGO FL 33037 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD INGEGNO, JAMES 24 S BOUNTY LN KEY LARGO FL 33037 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other like empowered.					
SIGNATURE _____			2-16-06 305304 9797		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

10/7/06

2072

Per our phone conversation
attached is a copy of
the document I mailed back
to your office March 12, 2006.

Apparently the PO failed to
deliver it. Please call
me at 305 304 9797 to
confirm you received this
one. Thank you

A handwritten signature in black ink, appearing to be "John", with a long horizontal line extending to the right.