1/2

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/27/2006-90083-037-$150.00-$150.00

DIVISION ...

06 OCT 10 AM 8:55

REINSTATEMENT 06

1st MOORE CR2E034 (10/05)

DOCUMENT # P05000096934

1. Entity Name

FLORIDA KEYS HOME SERVICES INC.

Principal Place of Business	Mailing Address
24 S BOUNTY LN KEY LARGO FL 33037	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. FEI Number 20-3171282 ☐ Applied For ☐ Not Applicable

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

6. 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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	PSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STEPHENSON, SANDRA		NAME	
STREET ADDRESS	24 S BOUNTY LN		STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037		CITY-ST-ZIP	
TITLE	VTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	INGEGNO, JAMES		NAME	
STREET ADDRESS	24 S BOUNTY LN		STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 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: ____________ 2-16-06 305 304 9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/7/06 2 of 2

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 meat 305 3049797 to confirm you received this one. Thank you