## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ichard Z

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

## Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P06000060490 1. Entity Namo 04-26-2007 90199 005 \*\*\*150.00 GOLD KEY DESIGNS, INC Principal Place of Business Mailing Address 1415 PANTHER LANE 1415 PANTHER LANE SUITE 239 **SUITE 239** NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 40 Mildred Drive 40 Mildred DRIVE Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State.... Applied For MYERS, 03-0589264 FORT Not Applicable Country \$8.75 Additional 5. Cortificate of Status Desired 33901 LEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 1415 PANTHER LANE SUITE 239 NAPLES FL 34109 KALA Court Zip Codo 33912 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 r applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIFLE ☐ Delete TOTE Richard L SMITH, RICHARD L NAME 5 miTH NAMI 40 mildred DrivE 1415 PANTHER LANE SUITE 239 STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CHY SI ZIP 8811 ☐ Delete HHE Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY SE ZIP TITLE Delete вш Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY SI-ZIP CITY ST 7IP 11016 ☐ Change Delete 11111 ■ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP Delete THE 3111 ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-7F CITY ST ZIP Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP C11Y - S1 - 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.

FILED