2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P06000064944

1. Entity Name KEY COLONY BEACH INN, INC.

Principal Place of Business

8037 GULFSTREAM BLVD MARATHON, FL 33050

Mailing Address

8037 GULFSTREAM BLVD MARATHON, FL 33050

FILED Mar 06, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

02192008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 65-1288060 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN D ESQ. 5800 OVERSEAS HWY MARATHON, FL 33050

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	named entity submits this statement for the joins of registered agent.	purpose of changing its registered .	office or reg	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered A	igent signature re	quired when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROUDNIK, SERGEI 8037 GULFSTREAM BLVD MARATHON, FL 33050				U00000349294 03/21/08-80014-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROUDNIK, ALENA 8037 GULFSTREAM BLVD MARATHON, FL 33050				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		q			e e e

12. Thereby 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 inar by 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 knowned.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> INTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF

Davime Phone 4