

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90003 039 \*\*\*150.00

**DOCUMENT # P06000087596**

1. Entity Name  
**GRAND KEY REALTY CORP.**



Principal Place of Business  
**1450 OAKFIELD DR  
BRANDON, FL 33511**

Mailing Address  
**1450 OAKFIELD DR  
BRANDON, FL 33511**

40121614



2. Principal Place of Business - No P.O. Box #  
**1450 OAKFIELD DR.**

3. Mailing Address  
**1450 OAKFIELD DR.**

05232007 Chg-P CR2E034 (12/06)

City & State  
**BRANDON FL.**

City & State  
**BRANDON FL.**

4. FEI Number  
**205153931**

Applied For  
Not Applicable

Zip  
**33511**

Country  
**USA**

Zip  
**33511**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**MCRAE, E. ASHLEY  
712 S OREGON AVE  
TAMPA, FL 33606-2543**

## 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  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SANFORD, FARLEY E**  
STREET ADDRESS **1450 OAKFIELD DR**  
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **D** ☐ Delete  
NAME **MCRAE, E. ASHLEY**  
STREET ADDRESS **712 S OREGON AVE**  
CITY-ST-ZIP **TAMPA, FL 336062543**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

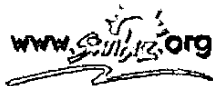
**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Farley E. Sanford* **FARLEY ELGENE SANFORD** **June 11-07** **813 6841975**



**ATTACHMENT**  
**40121612**  
**Division of Corporations**

**Annual Report**

Document Number

**P06000087596**

Business Entity Name

**GRAND KEY REALTY CORP. ✓**

FEI Number 205153931  
FEI Number Status Listed Above Applied For Not Applicable  
Certificate of Status Desired Yes ☒ No \$8.75 each  
Election Campaign Financing Trust Fund Contribution Yes No

**Principal Place of Business**

Address 1450 OAKFIELD DR  
Suite, Apt. #, etc.  
City, State BRANDON, FL  
Zip Code & Country 33511

**Mailing Address**

Address 1450 OAKFIELD DR  
Suite, Apt. #, etc.  
City, State BRANDON, FL  
Zip Code & Country 33511

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) MCRAE, E. ASHLEY,

**- OR -**

Business to serve as RA

Address (PO Box is not acceptable) 712 S OREGON AVE

Suite, Apt. #, etc.

City, State TAMPA, FL

Zip Code & Country 336062543 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

40121612

#P66000087596

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D  
Name (Last, First, Middle, Title) SANFORD , FARLEY , E ,

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address 1450 OAKFIELD DR  
City, State BRANDON , FL  
Zip Code & Country 33511

Title D  
Name (Last, First, Middle, Title) MCRAE , E. ASHLEY , ,

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address 712 S OREGON AVE  
City, State TAMPA , FL  
Zip Code & Country 336062543

Title  
Name (Last, First, Middle, Title) , , ,

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address  
City, State ,  
Zip Code & Country

Title

**ATTACHMENT**  
**40121612**  
**Division of Corporations**

**Annual Report**

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number	XXXXXXXXXX
Business Entity Name	GRAND KEY REALTY CORP
FBI Number	205153931
FBI Number Status	
Certificate of Status Desired	NO
Election Campaign Financing Trust Fund Contribution	NO

**Principal Place of Business**

Address 1450 OAKFIELD DR  
Suite, Apt. #, etc.  
City, State BRANDON, FL  
Zip Code & Country 33511

**Mailing Address**

Address 1450 OAKFIELD DR  
Suite, Apt. #, etc.  
City, State BRANDON, FL  
Zip Code & Country 33511

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) MCRAE, E. ASHLEY  
Address 712 S OREGON AVE  
Suite, Apt. #, etc.  
City, State TAMPA, FL  
Zip Code & Country 336062543 US

**Registered Agent Signature**

**Officer/Director Name and Address**

Title D  
Name (Last, First, Middle, Title) SANFORD FARLEY, II  
Street Address 1450 OAKFIELD DR  
City, State BRANDON, FL  
Zip Code & Country 33511

ATTACHMENT

40121612  
#P06000087596

Title D  
Name (Last, First, Middle, Title) MCRAE, E. ASHLEY  
Street Address 712 S OREGON AVE  
City, State TAMPA, FL  
Zip Code & Country 336062542

Title D  
Officer/Director Signature FARLEY EM SANFORD

Continue

Start Over

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ATTACHMENT

40121612  
# P6660087596

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

□

Officer/Director Signature farley em sanford

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.