

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156424

Entity Name: SHL KEY, INC.

FILED  
Mar 28, 2008  
Secretary of State

## Current Principal Place of Business:

21025 HAMILTON AVE.  
CUDJOE KEY, FL 33042

## New Principal Place of Business:

## Current Mailing Address:

21025 HAMILTON AVE.  
CUDJOE KEY, FL 33042

## New Mailing Address:

PO BOX 420335  
SUMMERLAND KEY, FL 33042

FEI Number: 20-8059401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HULL, LINDSAY  
21025 HAMILTON AVE.  
CUDJOE KEY, FL 33042 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HULL, LINDSAY  
Address: P. O. BOX 420335  
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: VD ( ) Delete  
Name: HULL, SHAWN  
Address: P. O. BOX 420335  
City-St-Zip: SUMMERLAND KEY, FL 33042

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDSAY HULL

MRS

03/28/2008

Electronic Signature of Signing Officer or Director

Date