

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000074165

Entity Name: KEY LIME SERVICES INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

1215 RAMSDEL ST
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

1215 RAMSDEL ST
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 26-3125477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWSON, KEVIN A SR.
1215 RAMSDEL ST.
PORT CHARLOTTE, FL 33952 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: P () Delete
Name: LAWSON, KEVIN A SR.
Address: 1215 RAMSDEL ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SRVP (X) Delete
Name: GOOD, DAVE G
Address: 4441 BOTWICK ST
City-St-Zip: NORT PORT, FL 34256

Title: VP (X) Delete
Name: STOLPE, TODD
Address: 272 MALPELO AVENUE
City-St-Zip: PUNTA GORDA, FL 33983

Title: TRS (X) Delete
Name: BUCKINGHAM, DANA M
Address: 2511 LUTHER RD. APT.1328
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KEVIN A LAWSON SR

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date