

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13738

FILED
Jan 19, 2005
Secretary of State

Entity Name: KEYS TO LIVING, INCORPORATED

Current Principal Place of Business:

2430 ESTANCIA BLVD., SUITE 112
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

2430 ESTANCIA BLVD., SUITE 112
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 42-1137554 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FIELD, DAVID L.
3143 HYDE PARK DR
CLEARWATER, FL 33761 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALKER, RON
Address: 209 NESTLEBRANCK DR
City-St-Zip: SAFETY HARBOR, FL

Title: SD () Delete
Name: FIELD, LONNA R
Address: 3143 HYDE PARK DR.
City-St-Zip: CLEARWATER, FL 33761

Title: TD () Delete
Name: WHITE, DAVID S.
Address: 2837 MEADOW WOOD DR.
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: NEGLEY, MICHAEL
Address: 138 WOODCREEK DR. EAST
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: WHITE, DAVID S
Address: 2030 WEAVER PARK DR.
City-St-Zip: CLEARWATER, FL 33765

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONNA R. FIELD

SD

01/19/2005

Electronic Signature of Signing Officer or Director

Date