

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90023 050 ***150.00

DOCUMENT # P92000011913

1. Entity Name

KEY PROPERTIES OF SARASOTA, INC.



Principal Place of Business

ST. ARMANDS CIRCLE
355 MONROE DR. SUITE #2
SARASOTA FL 34236
US

Mailing Address

C/O ANTOINETTE JONES
3609 GARDEN LAKES IVY
BRADENTON FL 34203
US



2. Principal Place of Business

677 N. WASHINGTON BLVD

3. Mailing Address

3609 GARDEN LAKES IVY

Suite, Apt. #, etc.

SARASOTA

Suite, Apt. #, etc.

City & State

SARASOTA, FL.

City & State

BRADENTON, FL.

Zip

34236

Country

USA

Zip

34203

Country

USA

4. FEI Number

65-0374057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

JONES, MAHLON H
3609 GARDEN LAKES IVY
BRADENTON FL 34203

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ANTOINETTE M	
STREET ADDRESS	3609 GARDEN LAKES IVT	
CITY-ST-ZIP	BRADETON FL 34203	

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, MAHLON H	
STREET ADDRESS	3609 GARDEN LAKES IVY	
CITY-ST-ZIP	BRADENTON FL 34203	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Mahlon H Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-05

Date

(941) 388-1921

Daytime Phone #