


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90032 006 ***150.00

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|--|---|---|--|---|--|
| DOCUMENT # P92000011913 1. Entity Name KEY PROPERTIES OF SARASOTA, INC. | | | |  | |
| Principal Place of Business 677 N. WASHINGTON BLVD. SARASOTA, FL 34236 US | | | Mailing Address C/O ANTOINETTE JONES 3609 GARDEN LAKES IVY BRADENTON, FL 34203 US | | |
| 2. Principal Place of Business - No P.O. Box # 15 PARADISE PLAZA | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State SARASOTA FL | | City & State Suite, Apt. #, etc. | | 4. FEI Number 65-0374057 | |
| Zip 34239 | | Country SARASOTA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, ANTOINETTE M 3609 GARDEN LAKES IVT BRADETON, FL 34203 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JONES, MAHLON H 3609 GARDEN LAKES IVY BRADENTON, FL 34203 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Antoinette M. Jones</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 1-19-08 (941) 388-1921 Date Daytime Phone # | | |