2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2009
Secretary of State

DOCUMENT# P93000022868

Entity Name: LOW KEY SUPPLY, INC.

Current Principal Place of Business:

133 US HWY 1 SUITE B
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

133 US HWY 1 SUITE B
KEY WEST, FL 33040

New Mailing Address:

133 US HWY 1 SUITE B
KEY WEST, FL 33040 US

FEI Number: 65-0403301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOPER, ANGELA
133 US HWY 1 SUITE B
KEY WEST, FL 33040 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COOPER, ANGELA
Address: 155 SUGARLOAF DR
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D ( ) Delete
Name: COOPER, ANGELA
Address: 155 SUGARLOAF DR
City-St-Zip: SUGARLOAF, FL 33042

Title: T ( ) Delete
Name: COOPER, ANGELA
Address: 155 SUGARLOAF DR
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: S ( ) Delete
Name: COOPER, ANGELA
Address: 155 SUGARLOAF DR
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: D ( ) Delete
Name: CREECH, BOBBI
Address: 533 BAYGALL RD
City-St-Zip: HOLLY SPRINGS, NC 27540

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: S (X) Change ( ) Addition
Name: CHIAGOURIS, JERI
Address: PO BOX 21
City-St-Zip: BIG PINE KEY, FL 33043

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: ANGELA COOPER P 05/22/2009

Electronic Signature of Signing Officer or Director Date