

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000086781**

1. Entity Name  
**GOLDKEY ASSOCIATED, INC.**



Principal Place of Business

**1445 COX RD  
SUITE 2  
COCOA, FL 32923 US**

Mailing Address

**P.O. BOX 410798  
SUITE 2  
MELBOURNE, FL 32941 US**



04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3218408**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BOUDREAUX, CHARLES  
4232 DAVIDA DR  
MELBOURNE, FL 32934**

**DO NOT WRITE  
IN THIS SPACE**

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: *Charles Boudreaux* **CHARLES BOUDREAUX**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-8-05**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BOUDREAUX, CHARLES  
STREET ADDRESS 4232 DAVIDA DR  
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE D  
NAME BOUDREAUX, JANE E  
STREET ADDRESS 4232 DAVIDA DR  
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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04/14/05-R0085-006 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 597, 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: *Charles Boudreaux* **Charles Boudreaux**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-05 321 253 2054**  
Date Daytime Phone #