

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90110 017 \*\*\*150.00

<b>DOCUMENT #</b> <b>1. Entity Name</b>	<b>P93 000087690</b>
FOUR KEYS REFERRAL'S INC.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2539 GARY CIRCLE UNIT # 306		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DUNEDIN, FL		City & State	
Zip 34698	Country	Zip	Country

**40023691**

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<b>4. FEI Number</b> 65-0468938		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name RONALD L HUEBNER	
Street Address (P.O. Box Number is Not Acceptable) 2539 GARY CIRCLE UNIT # 306	
City DUNEDIN	Zip Code FL 34698

**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**  **RONALD L. HUEBNER** **2/27/2006**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

<b>10. OFFICERS AND DIRECTORS</b>				<b>11.</b>			
<b>TITLE</b>	<b>PRESIDENT</b>	<b>TITLE</b>		<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>	<b>GOLDIE J VANOVER CAMPBELL-HUEBNER</b>	<b>NAME</b>		<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>2539 GARY CIRCLE UNIT # 306</b>	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>DUNEDIN, FL. 34698</b>	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VICE PRESIDENT</b>	<b>TITLE</b>		<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>	<b>RONALD L. HUEBNER</b>	<b>NAME</b>		<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>2539 GARY CIRCLE UNIT # 306</b>	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>DUNEDIN, FL. 34698</b>	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
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<b>NAME</b>		<b>NAME</b>		<b>NAME</b>		<b>NAME</b>	
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<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **RONALD L. HUEBNER VICE PRESIDENT** **2/27/2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #