

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90311 048 ***150.00

DOCUMENT # P96000067878 1. Entity Name KEY SALT & WATER CONDITIONING, INC.					
Principal Place of Business 1700 A STEADLEY AVENUE PUNTA GORDA, FL 33950			Mailing Address 1700 A STEADLEY AVENUE PUNTA GORDA, FL 33950		
2. Principal Place of Business 418 DuPont Street		3. Mailing Address Same			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Punta Gorda, FL		City & State 		4. FEI Number 65-0684682	
Zip 33950	Country Charlotte	Zip 	Country 	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent - KUJAWSKI, CHARLES 1700 A STEADLEY AVENUE PUNTA GORDA, FL- 33950				7. Name and Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) 418 Dupont Street City Punta Gorda FL Zip Code 33950	
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 <u><i>Darla Kujawski</i></u> DATE <u>3-5-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	VP KUJAWSKI, CHARLES 1700 A STEADLEY AVENUE PUNTA GORDA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUJAWSKI, DARLA J 1700 A STEADLEY AVENUE PUNTA GORDA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUJAWSKI, II, CHARLES P 1700 A STEADLY AVENUE PUNTA GORDA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Darla Kujawski</i></u> DATE <u>3-5-06</u> DAYTIME PHONE # <u>941-505-1900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		