


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # P98000004722	
1. Entity Name KEY FACTORS, INC.	

Principal Place of Business 10151 DOGWOOD AVENUE PALM BEACH GARDENS, FL 33410	Mailing Address 10151 DOGWOOD AVENUE PALM BEACH GARDENS, FL 33410
---	---



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0810738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STAGGS, HADEN 10151 DOGWOOD AVENUE PALM BEACH GARDENS, FL 33410

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STAGGS, ZACHARY 15782 73RD TERRACE NORTH PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD STAGGS, HADEN 10151 DOGWOOD AVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAGGS, MARY 10151 DOGWOOD AVE. PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEEKS, WALTER L III 2445 ALEXANDER LAKE DRIVE MARIETTA, GA 30064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DICKERSON, GREG 3226 NOTTY PINE TRAIL MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000716899
04/30/07-80026-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Haden Staggs **HADEN STAGGS** 4/16/07 561-622-4928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #