

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000004728

1. Entity Name

KEY MOBILITY, INC.



Principal Place of Business

10151 DOGWOOD AVENUE
PALM BEACH GARDENS FL 33410

Mailing Address

10151 DOGWOOD AVENUE
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0810741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAGGS, HADEN
10151 DOGWOOD AVENUE
PALM BEACH GARDENS FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME STAGGS, ZACHARY
STREET ADDRESS 15782 73RD TERRACE NORTH
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE TD ☐ Delete
NAME STAGGS, HADEN
STREET ADDRESS 10151 DOGWOOD AVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE SD ☐ Delete
NAME STAGGS, MARY
STREET ADDRESS 10151 DOGWOOD AVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE PD ☐ Delete
NAME WEEKS, WALTER L III
STREET ADDRESS 2445 ALEXANDER LAKE DRIVE
CITY-ST-ZIP MARIETTA GA 30064

TITLE V ☐ Delete
NAME DICKERSON, GREG
STREET ADDRESS 3226 NOTTY PINE TRL
CITY-ST-ZIP MARIETTA GA 30062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

Date

561-622-4928

Daytime Phone #