

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 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**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0810741**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**8. 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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**TD  
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 TRL  
MARIETTA, GA 30062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000449650  
03/09/06-80162-025 150.00

**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**

**2/24/06**

**561-622-4928**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #