

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000020003

1. Entity Name
KEYSFIRST REALTY, INC.



Principal Place of Business
**25000 OVERSEAS HWY
SUMMERLAND KEY, FL 33042**

Mailing Address
**PO BOX 42-1075
SUMMERLAND KEY, FL 33042-1075**



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0815919

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSASCO, PETER
25000 OVERSEAS HIGHWAY
SUMMERLAND KEY, FL 33042**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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
**PSD
ROSASCO, PETER
25000 OVERSEAS HWY
SUMMERLAND KEY, FL 33042**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
BAKER, JAMES M
867 CARIBBEAN DR EAST
SUMMERLAND KEY, FL 33042**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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000000543065
05/10/06-80122-025 150.00

**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: Peter Rosasco 4-25-6 305-745-4177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #