2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

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DOCUMENT # P98000035977 1. Entity Name KEY SERVICES, INC.					02-1	1-2008 90044	4 033 ***150.0			
Principal Plac	e of Business	Mailing Address			400	127 (4e				
2098 INDIGO) DRIVE	P.O. BOX 400	•		30.				•	
CLEARWATER, FL 33763 US OZONA, FL 34660				1		•				
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				·			[][[[[[[[[[[[[[[[[[[[
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 777 Country SHIRE LAKE										
Suite, Apt. #, etc. Suite, Apt. #, etc.					02012008	Chg-P	CR2E034 (12	2/06)		
PALO	1 HARBOK, FL	City & State			4. FEI Number 59-350			-	plied For t Applicable	
3468	3 Country US	Zip	Country			of Status Desired	Fee R	5 Add equired		
<u> </u>	6. Name and Address of Current R			7. Name and	Address of New	Registered Agent				
IZIKISIMSZ A	2457		Name	KIL	INEY	(-AO	4			
KINNEY, GARY				Street Address (P.O. Box Number is Not Acceptable)						
2098 INDIGO DRIVE CLEARWATER, FL 33763				7 (OUNT	-RYSHI	RE LI	タル	<i>y</i>	
OLLANO	(1211, 12 00100					, —				
			City					- 0- 4		
City					HARK	BOR	FL 🖧	177	83	
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. Lam familiar with, and accept									and accept	
the obligations of registered agent										
SIGNATURE SUN MUMME 2/4/08										
	Signature, Whed or process many of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signat	ure required v	when reinstating)		DATE	•		
FIL After M	E NOW!!! FEE \$\\$150.00 ay 1, 2008 Fee will be \$550.0	Selection Campaign Trust Fund Contrib	· -	\$5.0 Adde	00 May Be ed to Fees					
10.	◆ OFFICERS AND D	DIRECTORS	11.	·	ADDITIONS	CHANGES TO OF	FICERS AND DIRE	CTORS	S (1) 11	
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TIAME	KINNEY, GARY		NAME	KIN	NEY.	GARY	RE LAN	IF		
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12. Thereby 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 corector 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 but han address, with all other like empowered.

SIGNATURE:

cares

2/4/08 727-785-4640