2004 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

SIGNATURE:

Apr 05, 2004 08:00 AM Secretary of State DOCUMENT # P98000065451 LONG KEY PROPERTIES, INC. Principal Place of Business Mailing Address 255 COREY AVENUE 255 COREY AVENUE ST. PETERSBURG BEACH, FL 33706 ST. PETERSBURG BEACH, FL 33706 CR2E034 (10/03) 03242004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 59-3538345 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ST. CLAIR, JOYCE DO NOT WRITE 255 COREY AVENUE ST, PETERSBURG BEACH, FL 33706 IN THIS SPACE 3. 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS WLE DP SKIPPER, PAUL J NAME U00000102270 STREET AGDRESS 255 COREY AVENUE 04/05/04-80009-001 150.00 CITY-ST-ZIP ST. PETERSBURG BEACH, FL 33706 D۷ 3333 F ST. CLAIR, JOYCE MAKE STREET ADDRESS 255 COREY AVENUE CITY-ST-ZP ST. PETERSBURG BEACH, FL 33706 TIRE NAME KLINGEL, JOSEPH W STREET ADDRESS 255 COREY AVENUE DO NOT WRITE ST. PETERSBURG BEACH, FL 33706 CETY-ST-ZIP RRE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City -ST-ZIP TIBLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under path, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this jeport 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.

THE HAME OF SIGHING DEFICER OR DIRECTOR

FILED