## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND LAWED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Mar 07, 2005 08:00 AM DOCUMENT # P98000080758 1. Entity Name **Secretary of State** DUCK KEY MEDIA GROUP, INC. Principal Place of Business Mailing Address 61 HAWK'S CAY BLVD. DUCK KEY FL 33050 3907 N. FEDERAL HWY. #108 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 65-0863333 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDGAR, CHARLES W III Street Address (P.O. Box Number is Not Acceptable) CHERRY & EDGAR P.A. 4400 PGA BLVD, SUITE 200 PALM BEACH GARDENS FL 33410 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, 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition JOHNSON, DONALD H NAME U00000255031 NAME 03/07/05-80098-010 158.75 STREET ADDRESS STREET ADDRESS 3907 N. FEDERAL HWY, #108 CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-7IP TOTLE HILE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete DILLE Change ☐ Addition NĂME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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.