

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000100573

1. Entity Name
KEYHOLE CORPORATION OF SOUTHWEST FLORIDA



FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90505 001 ***400.00
05-12-2004 90505 002 ***150.00

Principal Place of Business
8252 WILTSHIRE DRIVE
PORT CHARLOTTE, FL 33981

Mailing Address
8252 WILTSHIRE DRIVE
PORT CHARLOTTE, FL 33981



DO NOT WRITE IN THIS SPACE

02132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0916614

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P
C/O BATSEL, MCKINLEY, ITTERSAGEN
1861 PLACIDA ROAD SUITE 204
ENGLEWOOD, FL 34223

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HALVORSON, RICK
STREET ADDRESS 9 LONG MEADOW PLACE
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE D
NAME MACK, GARY A
STREET ADDRESS 2700 AVE OF THE AMERICAS
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE D
NAME DUFF, JAMES T.
STREET ADDRESS 8252 WILTSHIRE BLVD.
CITY-ST-ZIP PORT CHARLOTTE, FL 33981

TITLE D
NAME BOWEN, PATSY
STREET ADDRESS 8252 WILTSHIRE BLVD.
CITY-ST-ZIP PORT CHARLOTTE, FL 33981

TITLE D
NAME STRONG, PETE W.
STREET ADDRESS 4526 N. ACCESS RD.
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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:

Richard Halvorson *Rich Ham* 5/01/04 941-697-7665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #