

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # P98000100573	
1. Entity Name KEYHOLE CORPORATION OF SOUTHWEST FLORIDA	

Principal Place of Business 8252 WILTSHIRE DRIVE PORT CHARLOTTE, FL 33981	Mailing Address 8252 WILTSHIRE DRIVE PORT CHARLOTTE, FL 33981
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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 <input type="checkbox"/>	\$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

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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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 #