

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025818

Entity Name: KEYHOLE OF ISLAMORADA, INC.

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

121 EL CAPITAN
ISLAMORADA, FL 33064

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 18725
PENSACOLA, FL 32523

New Mailing Address:

FEI Number: 65-0911536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITE, DONNA L
163 LEPORT DRIVE
PENSACOLA BEACH, FL 32561 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FITE, DONNA L
Address: 163 LEPORT DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D () Delete
Name: UPCHRUCH, JUDITH
Address: 3751 INDUSTRIAL PARK DRIVE
City-St-Zip: MOBILE, AL 36693

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: UPCHURCH, JUDITH
Address: 3751 INDUSTRIAL PARK DRIVE
City-St-Zip: MOBILE, AL 36693

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA L. FITE

VP

01/10/2005

Electronic Signature of Signing Officer or Director

Date