## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P99000098012 02-25-2005 90156 005 \*\*\*150.00 KEY COLONY CONSTRUCTION CONCEPTS, INC. Mailing Address Principal Place of Business 50019284 13361 OVERSEAS HIGHWAY P.O BOX 511241 MARATHON, FL 33050 KEY COLONY BEACH, FL 33051 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0960865 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLOAN, BARBARA A ESQ. Street Address (P.O. Box Number is Not Acceptable) 980 NORTH FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME JACOBS, JEFFREY A NAME PO BOX 212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STAR PRAIRIE, WI 54026 CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition DIXON, JOHN R NAME NAME STREET ADDRESS PO BOX 510341 STREET ADDRESS CITY-ST-ZIP KEY COLONY BEACH, FL 330510341 CITY-ST-ZIP TITLE ☐ Delete TITI F Addition NAME DIXON, MICHAEL L NAME STREET ADDRESS PO BOX 510235 STREET ADDRESS CITY-ST-ZIF KEY COLONY BEACH, FL 330510235 CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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.

John R. Dixon

RINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE

FILED Feb 25, 2005 8:00 am

(305) 731-5312

Daytime Phone #

February 23, 2005