## 2008 FOR PROFIT CORPORATION

SIGNATURE:

## Jan 29, 2008 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # \$74402** 01-29-2008 90029 007 \*\*\*150.00 KEYS AIRPORT BUSINESS, INC. Principal Place of Business Mailing Address 9086 AIRPORT BLVD. P 0 BOX 332 BOX #16 **ALBANY, GA 31702** US ORLANDO, FL 32827 2. Principal Place of Business - No P.O. Box # 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01032008 Chg-P City & State 4. FEI Number Applied For City & State 59-3108142 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURNETT, LEONARD E Street Address (P.O. Box Number is Not Acceptable) 14341 LORD BARCLAY ORLANDO, FL 32837 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 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 After May 1, 2008 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DΡ TITLE ☐ Delete TITLE Addition 2931 Banchery Rd. Winter Park, 21. 32792 NAME KEYS, BRADY JR. NAME STREET ADDRESS STREET ADDRESS 6043 LAKE POINTE #311 ORLANDO, FL 32822 CITY-ST-ZIP CITY-ST-ZIF TITLE DS ☐ Delete TITLE □ Addition BURNETT, LEONARD E. NAME STREET ADDRESS 14341 LORD BARCLAY STREET ADDRESS ORLANDO, FL 32837 CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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 THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filipe does not qualify for the exemptions contained in Chapter 119, 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 true feeting wered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Dele 1/29

**FILED**