


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # S83017
 1. Entity Name
KEY GALLEON PROPERTIES, INC.



Principal Place of Business 1609 ROCKLEDGE DR ROCKLEDGE, FL 32955 US	Mailing Address 1609 ROCKLEDGE DR ROCKLEDGE, FL 32955 US
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04172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3087344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 GREENSPOON, GERALD
 100 WEST CYPRESS CREEK RD.
 SUITE 700
 FT LAUDERDALE, FL 33309

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P TRENARY, LARRY 1609 ROCKLEDGE DRIVE ROCKLEDGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ATKINSON, GEORGE WEBSTER 8 RUE DE BADIER 86250 MOUGINS, FR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/27/04-80046-023 150.00

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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)(f), 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: *Larry Trenary* **Larry TRENARY** *22 Apr 04* **321-638-4982**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #