

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90077 028 ***150.00

DOCUMENT # V10615

1. Entity Name

I.L.E. KEY CLUB, INC.



Principal Place of Business

6381
8-8 FT. MYERS DR.
INDIAN LAKE ESTATES FL 33855
US

Mailing Address

P.O. BOX 7806
INDIAN LAKE ESTATES FL 33855
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3106070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRACKETT, ROGER
110 ALAMANDA 2350 ALAMANDA
INDIAN LAKE ESTATES FL 33855

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GILCHRIST, TOM	
STREET ADDRESS	22 BANYAN	
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	IVERS, GARY	
STREET ADDRESS	10 ALAMANDA	
CITY-ST-ZIP	INDIAN LAK ESTATES FL 33855	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRACKE II, ROGER	
STREET ADDRESS	110 ALAMANDA	
CITY-ST-ZIP	INDIAN LAKES ESTATES FL 33855	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, JOE	
STREET ADDRESS	45A ORLANDO DR.	
CITY-ST-ZIP	INDIAN LAKE ESTATE FL 33855	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Gilchrist, Tom	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6757 BANYAN	
STREET ADDRESS	INDIAN LAKE EST FL 33855	
CITY-ST-ZIP		
TITLE	Wm GARRETT VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7551 Red GRANGE Blvd	
STREET ADDRESS	INDIAN LAKE EST FL 33855	
CITY-ST-ZIP		
TITLE	BRACKETT, ROGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2350 ALAMANDA	
STREET ADDRESS	INDIAN LAKE ESTS FL 33855	
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD LOVE	
STREET ADDRESS	7451 LIMONIA DE	
CITY-ST-ZIP	INDIAN LAKE EST FL 33855	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Roger B. Brackett - Treas.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #