


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90029 003 \*\*\*158.75

<b>DOCUMENT # V10615</b> 1. Entity Name <b>I.L.E. KEY CLUB, INC.</b>					
Principal Place of Business <b>6 B. FT. MYERS DR.</b> <b>INDIAN LAKE ESTATES, FL 33855 US</b>			Mailing Address <b>P.O. BOX 7806</b> <b>INDIAN LAKE ESTATES, FL 33855 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072008    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>59-3106070</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BRACKETT, ROGER</b> <b>2350 ALLAMANDA</b> <b>INDIAN LAKE ESTATES, FL 33855</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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: <i>Treasure Director Roger R. Brackett</i> <b>ROGER R. BRACKETT - Roger R. Brackett</b> <b>1-25-08</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MORRISON, GLENN</b> <b>6660 CR 630 E.</b> <b>FROSTPROOF, FL 33843</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>BARTON, CARL</b> <b>6224 ARBOREA DR.</b> <b>INDIAN LAK ESTATES, FL 33855</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MARVIN Henrich</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2140 Allamda Dr</b> <b>INDIAN LAKE ESTS FL 33855</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>BRACKETT, ROGER</b> <b>2350 ALLAMANDA</b> <b>INDIAN LAKES ESTATES, FL 33855</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>O'NEIL, PETER</b> <b>6057 AMARYLLIS DR.</b> <b>INDIAN LAKE ESTATES, FL 33855</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>LARRY Schulte</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6280 AVACADO DR</b> <b>INDIAN LAKE ESTS FL 33855</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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: <i>Roger R. Brackett Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1-25-08 - 863-692-9665</b> <small>Date    Daytime Phone #</small>		