


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V25104**

1. Entity Name  
**KEY MOTEL COMPANY**



Principal Place of Business      Mailing Address

**4810 W IRLO BRONSON HWY**      **4810 W IRLO BRONSON HWY**  
**KISSIMMEE, FL 34746 US**      **KISSIMMEE, FL 34746 US**



02172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3114529**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEABREEZE BOOKKEEPING TAX SERVICE**  
**441 SOUTH RIDGEWOOD AVE.**  
**STE 108**  
**DAYTONA BEACH, FL 32114**

**DO NOT WRITE IN THIS SPACE**

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**

UG0000063375  
 02/23/04-80158-025 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHEN, TE-CHU 4810 W IRLO BRONSON HWY KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CHEN, PO-LI 4810 W IRLO BRONSON HWY KISSIMMEE, FL 34746
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**DO NOT WRITE IN THIS SPACE**

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: Paul Chen      Po-Li Chen      2/19/04      (407) 396-6200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #