

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 315851

Entity Name: KEYS FISHERIES, INC.

FILED  
Jan 12, 2007  
Secretary of State

**Current Principal Place of Business:**

3390 GULFVIEW AVENUE  
MARATHON, FL 33050 US

**New Principal Place of Business:**

**Current Mailing Address:**

3390 GULFVIEW AVENUE  
MARATHON, FL 33050 US

**New Mailing Address:**

FEI Number: 59-1172964      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAWITZ, STEPHEN  
11 WASHINGTON AVE  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SAWITZ, STEPHEN  
Address: 11 WASHINGTON AVE  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VD ( ) Delete  
Name: GRAVES, GARY  
Address: 3390 GULFVIEW AVE  
City-St-Zip: MARATHON, FL 33050 US

Title: SD ( ) Delete  
Name: HERSHEY, JODI  
Address: 11 WASHINGTON AVE  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: TD ( ) Delete  
Name: DANIELS, TIMOTHY  
Address: 3390 GULFVIEW AVENUE  
City-St-Zip: MARATHON, FL 33050 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SAWITZ, STEPHEN  
Address: 11 WASHINGTON AVE  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: V (X) Change ( ) Addition  
Name: GRAVES, GARY  
Address: 3390 GULFVIEW AVE  
City-St-Zip: MARATHON, FL 33050 US

Title: S (X) Change ( ) Addition  
Name: HERSHEY, JODI  
Address: 11 WASHINGTON AVE  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: T (X) Change ( ) Addition  
Name: DANIELS, TIMOTHY  
Address: 3390 GULFVIEW AVENUE  
City-St-Zip: MARATHON, FL 33050 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY GRAVES

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

V

01/12/2007

\_\_\_\_\_ Date