

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 624348	
1. Entity Name 3 D OF KEY WEST, INC.	

Principal Place of Business #42 OLD SHRIMP RD PO BOX 2188 KEY WEST FL 33045-2188	Mailing Address #42 OLD SHRIMP RD PO BOX 2188 KEY WEST FL 33045-2188
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E034 (4/06)

4. FEI Number 59-1916883	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
TRUJILLO, DAVID 1415 FLAGLER AVE. KEY WEST FL 33040

7. Name and Address of New Registered Agent
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.

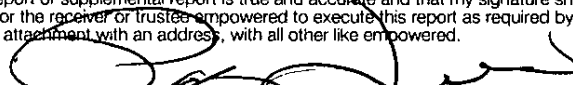
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TRUJILLO, PATSY 1415 FLAGLER AVE. KEY WEST FL ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT TRUJILLO, DAVID L SR. 1415 FLAGLER AVE. KEY WEST FL 33040 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP TRUJILLO, DONALD 1415 FLAGLER AVE KEY WEST FL ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 8/2/06 (30) 294-0808