2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# 744178

Entity Name: KEY WEST BUSINESS GUILD, INC.

Current Principal Place of Business:

728 DUVAL ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1208
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 59-1931515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, WAYNE LARUE
333 FLEMING ST
KEY WEST, FL 33040 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HERNANDEZ, LOU
Address: 1505 LAIRD ST
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete
Name: ALLEN, JON
Address: 1129 FLEMING STREET
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete
Name: CLARK, JOSEPH
Address: 701 WHITEHEAD ST.
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete
Name: ARNOW, PETER
Address: 1413 ROSE STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALLEN, JON
Address: 1129 FLEMING STREET
City-St-Zip: KEY WEST, FL 33040

Title: VD (X) Change ( ) Addition
Name: CARRUTHERS, HEATHER
Address: 525 UNITED
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: PHILIPSON, BARRY
Address: 626 UNITED
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON ALLEN PD 04/27/2004

Electronic Signature of Signing Officer or Director — Date