## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 744178**

FILED Jan 12, 2007 Secretary of State

Entity Name: KEY WEST BUSINESS GUILD, INC.

US

Current Principal Place of Business: New Principal Place of Business:

513 TRUMAN AVENUE KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

P.O. BOX 1208 KEY WEST, FL 33041

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

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

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

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 HENRY, KENT
 Name:
 MCDONALD, JILL

 Address:
 806 DUVAL ST
 Address:
 711 DUVAL ST.

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: JONES, TODD Name: HAYES, PAUL

 Address:
 504 FRONT ST
 Address:
 1107 TRUMAN AVE

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 DYESS, BUDDY
 Name:
 CLARK, JOE

 Address:
 418 APPELROUTH LANE
 Address:
 701 WHITEHEAD ST

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 MCGRADY, GREGG
 Name:
 FUHRIMANN, SCOTT

 Address:
 1901 SOUTH ROOSEVELT BLVD, UNIT 101
 Address:
 923 WHITE ST

 City-St-Zip:
 KEY WEST, FL 33040
 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL HAYES VD 01/12/2007