

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 04, 2004  
Secretary of State**

DOCUMENT# 755880

Entity Name: KEY WEST PLAYERS, INC.

**Current Principal Place of Business:**

TIFFS LN & WALL ST  
WATERFRONT PLAYHOUSE  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. DOX 724  
KEY WEST, FL 33041

**New Mailing Address:**

FEI Number: 59-1966652      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GUGLEOTTI, GEORGE  
709 OLIVIA ST  
KEY WEST, FL 33040 US

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

ALLISON, DOROTHY G  
11 BLUE WATER DRIVE  
KEY WEST, FL 33040 US

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: DOROTHY G ALLISON      04/04/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HILSON, PAUL  
Address: 808 WINDSOR LN  
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete  
Name: RECHER, FLORENCE,  
Address: 3124 RIVIERA DR  
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete  
Name: GUGLEOTTI, GEORGE  
Address: 709 OLIVIA ST  
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete  
Name: PEERMAN-HEDGES, KELLY  
Address: 3371 DONALD AVE  
City-St-Zip: KEY WEST, FL 33040

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

Title: PD (X) Change ( ) Addition  
Name: WOODS, HENRY  
Address: 1217 GRINNEL  
City-St-Zip: KEY WEST, FL 33040

Title: VD (X) Change ( ) Addition  
Name: SKEVINGTON, HARRY  
Address: PO BOX 724  
City-St-Zip: KEY WEST, FL 33041

Title: SD (X) Change ( ) Addition  
Name: TOLLEN, KAYLA  
Address: PO BOX 724  
City-St-Zip: KEY WEST, FL 33041

Title: TD (X) Change ( ) Addition  
Name: ALLISON, DOROTHY  
Address: 11 BLUE WATER DR  
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: DOROTHY G ALLISON      TD      04/04/2004  
Electronic Signature of Signing Officer or Director      Date