## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE** 

## Apr 02, 2004 8:00 am Secretary of State DOCUMENT # J32271 1. Entity Name 04-02-2004 90031 011 \*\*\*150.00 BANANA BOAT OF KEY WEST, INC. Principal Place of Business Mailing Address 1126 STUMPLANE 57 MARSH HAWK KEY WEST FL 33040 HACKETTSTOWN NJ 07840 2. Principal Place of Business 3. Mailing Address 19581 ST RICHARD 22 CHARLES Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0039843 BIGPINE رله STANHOPE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent () REENE GREENE, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 1126 STUMP LANE KEY WEST FL 33040 Zip Code **33 6 4**つ PINE KEU the purpuse of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE/IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PO TITLE ☐ Addition TITLE ☐ Delete GREENE, JENNIFEK GREENE, JENNIFER NAME NAME STREET ADDRESS 1126 STUMP LANE STREET ADDRESS 29581 KEY WEST FL 33040 CITY-ST-7IP BIG PINE KEY CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 frue and accurate and that my signature shall have the same legal effect as if made under eath; 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.

FILED