2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # J78193

1. Entity Name
BOYD'S KEY WEST CAMPGROUND, INC.

Principal Place of Business	Mailing Address
% ROBERT JONES 6401 MALONEY AVE KEY WEST, FL 33040	% ROBERT JONES 6401 MALONEY AVE KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

02102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2820332
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, ROBERT
6401 MALONEY AVE
KEY WEST, FL 33040

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	JONES, ROBERT W
STREET ADDRESS	6401 MALONEY AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	P
NAME	HAMILTON, ELSIE M.
STREET ADDRESS	6401 MALONEY AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	S
NAME	HAMILTON, DANIEL
STREET ADDRESS	6901 MALONEY AVE
CITY-ST-ZIP	KEY WEST, FL
TITLE	V
NAME	HAMILTON, ANDY
STREET ADDRESS	6401 MALONEY AVE
CITY-ST-ZIP	KEY WEST, FL
TITLE	V
NAME	HAMILTON, HENRY
STREET ADDRESS	6401 MALONEY AVE
CITY-ST-ZIP	KEY WEST, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/16/06-80058-016 150.00

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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: _____ ROBERT JONES 3/3/06 294-1465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #