

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J80876

Entity Name: OLD ISLAND HOTELS, INC.

FILED  
Mar 19, 2009  
Secretary of State

**Current Principal Place of Business:**

411 WILLIAM STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

411 WILLIAM STREET  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 59-2831943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLEY, AMY C  
814 EATON STREET  
KEY WEST, FL 33040 US

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

KELLEY, AMY C  
685 OCEAN PALM WAY  
SAINT AUGUSTINE, FL 32080 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: AMY C. KELLEY

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CORNEAL, DAVID B  
Address: 816 EATON STREET  
City-St-Zip: KEY WEST, FL 33040

Title: STD ( ) Delete  
Name: KELLEY, AMY C  
Address: 814 EATON STREET  
City-St-Zip: KEY WEST, FL 33040

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

Title: PD (X) Change ( ) Addition  
Name: CORNEAL, DAVID B  
Address: 685 OCEAN PALM WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: STD (X) Change ( ) Addition  
Name: KELLEY, AMY C  
Address: 685 OCEAN PALM WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY C. KELLEY

STD

03/19/2009

Electronic Signature of Signing Officer or Director

Date