## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## FILED Apr 09, 2008 08:00 A Secretary of State DOCUMENT # N06000003775 1. Entity Name UPPER KEYS GIRLS TRAVEL INC. Principal Place of Business Mailing Address 145 OCEAN DR 145 OCEAN DR **TAVERNIER FL 33070** TAVERNIER FL 33070 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip 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 Name SCIARRONE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 145 OCEAN DR **TAVERNIER FL 33070** City Zip Code 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 (NOTE, Reg stated Agoot signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete Change Addition SCIARRONE, MICHAEL Un0000888913 04/22/08-80033-007 61.25 NAME 145 OCEAN DR STREET ADDRESS STREET ADDRESS **TAVERNIER FL 33070** CITY - ST - ZIP CITY-ST-ZiP TITLE ☐ Delete \_\_\_ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z'P Detete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete □ Change ☐ Addition NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is to e 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 employered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attached with an address with all other like empowered.