

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37323

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: FLORIDA KEYS FISHING TOURNAMENTS, INC.

**Current Principal Place of Business:**

29975 OVS HWY  
BIG PINE KEY, FL 33043 US

**New Principal Place of Business:**

22985 CALICO JACK CIRCLE  
SUMMERLAND KEY, FL 33042 US

**Current Mailing Address:**

P.O. BOX 420358  
SUMMERLAND KEY, FL 33042 US

**New Mailing Address:**

FEI Number: 65-0294922      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SPOTTSWOOD, WILLIAM B.  
500 FLEMING ST  
KEY WEST, FL 33040 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SHARPE, JIM  
Address: 29975 OVS HWY  
City-St-Zip: BIG PINE KEY, FL 33043

Title: D ( ) Delete  
Name: WEINHOFER, MIKE  
Address: 29975 OVS HWY  
City-St-Zip: BIG PINE KEY, FL 33043

Title: D ( ) Delete  
Name: VANKIRK, DONNA  
Address: P.O. BOX 914  
City-St-Zip: MARATHON, FL 33050

Title: D ( ) Delete  
Name: WINGO, KENRY  
Address: PO BOX 1448  
City-St-Zip: KEY LARGO, FL 33037

Title: DV ( ) Delete  
Name: GREENE, TIM  
Address: 2786 N. ROOSEVELT BLVD  
City-St-Zip: KEY WEST, FL 33040

Title: ST ( ) Delete  
Name: CROCKETT, JOHN  
Address: 29465 FORRSSTAL AVE.  
City-St-Zip: BIG PINE KEY, FL 33043

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SINCLAIR, FINDLAY  
Address: 819 PEACOCK PLAZA PMB 234  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM SHARPE

Electronic Signature of Signing Officer or Director

P

04/17/2006

Date