


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90044 034 \*\*\*\*61.25

<b>DOCUMENT # N92000000074</b>	
1. Entity Name <b>3406 NORTH ROOSEVELT BOULEVARD CORPORATION</b>	

Principal Place of Business <b>1201 WHITE ST. 102 KEY WEST, FL 33040-3328 US</b>	Mailing Address <b>1201 WHITE ST. 102 KEY WEST, FL 33040-3328 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01062004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0368637</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HUTTON, SUZANNE A. 502 WHITEHEAD ST. COURTHOUSE ANNEX, 3RD FLOOR KEY WEST, FL 33040</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, PETER PO BOX 527 MM 82 ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, CARMEN 525 ANGELA ST KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEINHOFER, CHRISTINA PO BOX 430652 BIG PINE KEY, FL 33043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BABICH, MATT 1319 OUVAL STREET KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INGRAM, MICHAEL 1118 FLEMING ST. KEY WEST, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELBLING, JUNE PO BOX 522828 MARATHON SHORES, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 617, 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:** Michael Ingram January 10, 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

#N9200000074

3406 NORTH ROOSEVELT BOULEVARD CORPORATION

1201 White Street, Suite 102

Key West, Florida 33040

Michael Ingram, President

Board of Directors

Mr. Matt Babich

Mr. Todd Firm

Ms. June Helbling

Mr. Peter Henry

Mayor Murray Nelson

Mr. Robert Padron

Commissioner Edwin Scales

Ms. Christina Weinhofer

January 6, 2004

Florida Department of State

Re: Nonprofit Corporation Annual Report

11.	Title	Co-Treasurer
	Name	Todd B. Firm
	Street Address	99696 Overseas Highway, Unit # 1
	City-St-ZIP	Key Largo, Florida 33037
	Title	Director
	Name	Mayor Murray Nelson
	Street Address	99198 Overseas Highway, Damaron Bld., Suite 2
	City-St-ZIP	Key Largo, Florida 33037
	Title	Vice President
	Name	Robert Padron
	Street Address	P. O. Box 921
	City-St-ZIP	Key West, Florida 33041-0921