02-23-2004 90021 036 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P97000091535

1. Entity Name
FIRST STATE BANK OF THE FLORIDA KEYS

Principal Place of Business	Mailing Address
1201 SIMONTON STREET KEY WEST, FL	1201 SIMONTON STREET KEY WEST, FL

01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0790416
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Diego Caso
1201 Simonton St
Key West, FL 33040

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALLEN, JOSEPH B JR
STREET ADDRESS	813 WADDELL AVENUE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	ARTMAN, GREGORY D
STREET ADDRESS	1547 5TH STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	BERVALDI, FRANK V
STREET ADDRESS	1220 SOUTH STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	BLUM, GARY
STREET ADDRESS	1111 JOHNSON STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	KEMP, WILLIAM O
STREET ADDRESS	141 KEY HAVEN RD
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	PD
NAME	SHARP, KAREN
STREET ADDRESS	1201 SIMONTON STREET
CITY-ST-ZIP	KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

3/30

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 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: _____ Karen M. Sharp 2/17/04 305-293-7102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President/Cashier Date Daytime Phone #