2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with

address

all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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## - FILED Jan 29, 2005 08:00 AM DOCUMENT # V62709. **Secretary of State** 1. Entity Name DINK INC. OF KEY WEST Mailing Address Principal Place of Business 610 SOUTHARD STREET REAR 610 SOUTHARD STREET REAR KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRUCE, BENJAMIN C Street Address (P.O. Box Number is Not Acceptable) 610 SOUTHARD STREET REAR KEY WEST FL 33040 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 Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 000000202843 Change (Addition 01/29/05-80005-015 1350, (Addition 01/29/05-80005-015 1350, (Addition 01/29/05-80005-015 1350) TITLE THEF Delete NAME BRUCE, BENJAMIN C NAME STREET ADDRESS STREET ADDRESS 610 SOUTHARD ST. REAR CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP ☐ Change Addition Delete THELE DITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE HILE NAME NAME STREET ADDRESS. STREET ADDRESS C1TY-S1-ZIP CITY-ST-ZIP Change Addition | Delete THILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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