


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90011 010 \*\*\*\*61.25

**DOCUMENT # N92000000074**

1. Entity Name  
**3406 NORTH ROOSEVELT BOULEVARD CORPORATION**



Principal Place of Business 1201 WHITE ST. 102 KEY WEST, FL 33040-3328 US	Mailing Address 1201 WHITE ST. 102 KEY WEST, FL 33040-3328 US
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**50002771**



01062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0368637	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HUTTON, SUZANNE A.**  
**502 WHITEHEAD ST.**  
**COURTHOUSE ANNEX, 3RD FLOOR**  
**KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, PETER PO BOX 527 MM 82 ISLAMORADA, FL 33036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCALES, EDWIN III 201 FRONT ST. SUITE 333 KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINHOFER, CHRISTINA PO BOX 430652 BIG PINE KEY, FL 33043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BABICH, MATT 1319 OUAL STREET KEY WEST, FL 33040 <input type="checkbox"/> Delete
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	D HELBLING, JUNE PO BOX 522828 MARATHON SHORES, FL 33050 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIRM, T000 B 99696 Overseas Hwy, UNIT # 1 KEY LARGO, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCALES, EDWIN III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BABICH, MATTHEW P, CMA 1319 OUAL STREET KEY WEST, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRIM, MICHAEL 604 WHITE HEAD STREET KEY WEST FLORIDA 33040 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRON, Robert 2601 S. ROOSEVELT BLVD KEY WEST, FL 33040 <input type="checkbox"/> Change <input checked="" 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:** \_\_\_\_\_ **1/7/05** 305/296-6577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**

# N92000000074  
5002771

***3406 North Roosevelt Boulevard Corporation***  
***1201 White Street, Suite 102***  
***Key West, Florida 33040***

**January 6, 2005**

**FEI No: 65-0368637**

**Title** D  
**Name** Simmons, Scot  
**Street Address** 84001 Overseas Highway  
**City-St-Zip** Islamorada, Florida 33036

**Title** D  
**Name** Spehar, Dixie  
**Street Address** 500 Whitehead Street  
**City-St-Zip** Key West, Florida 33040