

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J80876

**Entity Name:** OLD ISLAND HOTELS, INC.

**Current Principal Place of Business:**

411 WILLIAM STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

411 WILLIAM STREET  
KEY WEST, FL 33040

**FEI Number:** 59-2831943

**Certificate of Status Desired:** No

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

KELLEY, AMY C  
43 CINCINNATI AVENUE  
SAINT AUGUSTINE, FL 32084 US

*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

**Officer/Director Detail :**

Title PD  
Name CORNEAL, DAVID B  
Address 43 CINCINNATI AVENUE  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title STD  
Name KELLEY, AMY C  
Address 43 CINCINNATI AVENUE  
City-State-Zip: SAINT AUGUSTINE FL 32084

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMY C. KELLEY

STD

02/25/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date