

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90238 009 ***150.00

DOCUMENT # 427534

1. Entity Name
KEY WEST CHEMICAL AND PAPER SUPPLY, INC.



Principal Place of Business
909 SIMONTON STREET
PO BOX 4918
KEY WEST, FL 33041-1918

Mailing Address
909 SIMONTON STREET
PO BOX 4918
KEY WEST, FL 33041-1918

60000318



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1480056

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, BENJAMIN, JR
909 SIMONTON STREET
KEY WEST, FLORIDA
KEY WEST, FL 33040

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FERNANDEZ, BENJAMIN JR.
STREET ADDRESS 912 SIMONTON ST.
CITY-ST-ZIP KEY WEST, FL

TITLE SD ☐ Delete
NAME FERNANDEZ, GILDA
STREET ADDRESS 912 SIMONTON ST.
CITY-ST-ZIP KEY WEST, FL

TITLE VD ☒ Delete
NAME FERNANDEZ, LYDIA
STREET ADDRESS 912 SIMONTON ST.
CITY-ST-ZIP KEY WEST, FL

TITLE T ☐ Delete
NAME FERNANDEZ, CATHY
STREET ADDRESS 912 SIMONTON ST
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07

Date

305 2943703

Daytime Phone #