2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 470046

1. Entity Name
CORMORANT CORP. OF THE KEYS, INC.

Principal Place of Business	Mailing Address
1109 DUVAL STREET KEY WEST, FL 33040 US	1109 DUVAL STREET KEY WEST, FL 33040 US

DO NOT WRITE IN THIS SPACE

01122006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1579801	Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEY WEST REALTY MANAGEMENT GROUP, INC.
1109 DUVAL STREET
KEY WEST, FL 33040

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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 not stating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing ☐ Trust Fund Contribution.	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SCHNEIDER, LOUIS
STREET ADDRESS	1109 DUVAL STREET
CITY-ST-ZIP	KEY WEST, FL 33040

TITLE	D
NAME	SCHNIEDER, GUNDEL
STREET ADDRESS	1109 DUVAL STREET
CITY-ST-ZIP	KEY WEST, FL 33040

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

U00000399310
02/01/06-80005-011 158.75

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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: _____ POA   1/18/06   305-294-3064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #