


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 519973 1. Entity Name CABBAGE KEY, INC.	
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Principal Place of Business MARKER 60 INTERCOASTAL WATERWAY, FL 33945 US	Mailing Address P.O. BOX 200 PINELAND, FL 33945 US
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03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1714663	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 SCHOENFELD, LOWELL S 1380 ROYAL PALM SQUARE BOULEVARD FORT MYERS, FL 33919

**DO NOT WRITE
IN THIS SPACE**

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 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000873605 04/10/08-80087-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WELLS, ROBERT A JR P.O. BOX 200 PINELAND, FL 33945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WELLS, PHYLLIS R P.O. BOX 200 PINELAND, FL 33945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELLS, KENNETH P.O. BOX 200 PINELAND, FL 33945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELLS, ROBERT A III P.O. BOX PINELAND, FL 33945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Phyllis R. Wells 3/17/08 239-283-2278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #