

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716899

FILED  
Aug 26, 2007  
Secretary of State

**Entity Name:** LONG KEY FISHING CLUB, INC.

**Current Principal Place of Business:**

65700 OVERSEAS HWY  
LONG KEY, FL 33001

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 693  
LONG KEY, FL 33001

**New Mailing Address:**

P O BOX 693  
65700 OVERSEAS HWY. UNIT F6  
LONG KEY, FL 33001

FEI Number: 59-2336394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PLYLER, DIAN  
10305 SW 68TH ST.  
MIAMI, FL 33173 US

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

PLYLER, BOB  
65700 OVERSEAS HWY.  
UNIT F6  
LONG KEY, FL 33001 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: BOB J PLYLER

08/26/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PLYLER, BOB J  
Address: P.O BOX 693  
City-St-Zip: LONG KEY, FL 33001

Title: STD ( ) Delete  
Name: BETANCOURT, SHARI  
Address: 9441 SOUTHWEST 150 STREET  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: PLYLER, BOB J  
Address: P.O BOX 693/ 65700 OVERSEAS HWY F6  
City-St-Zip: LONG KEY, FL 33001

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB J PLYLER

PRES

08/26/2007

Electronic Signature of Signing Officer or Director

Date