

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # 768462

1. Entity Name

KEY WEST FISHING TOURNAMENT, INC.



Principal Place of Business

P O BOX 2154
KEY WEST, FL 33040

Mailing Address

P O BOX 2154
KEY WEST, FL 33040



01222004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2374867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRIS, DORIS
12 BEECHWOOD DRIVE
KEY WEST, FL 33040

**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

[Signature] TREASURER

1/24/04

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when restate[ing].)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000016318
01/28/04-80051-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	DAY, JOEL
STREET ADDRESS	193 GOLF CLUB DRIVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	PD
NAME	BITTNER, DAVE CAPT
STREET ADDRESS	43 SUGARLOAF DR
CITY-ST-ZIP	SUGARLOAF KEY, FL 33042
TITLE	SD
NAME	SIMEON, CINDY
STREET ADDRESS	1120 PETRONIA ST
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	T
NAME	TRIMBLE, KATHY CAPT
STREET ADDRESS	PO BOX 430147
CITY-ST-ZIP	BIG PINE KEY, FL 33043
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 exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other like empowered.

SIGNATURE:

[Signature] TREASURER

1/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #