

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000004329 1. Entity Name SOUVENIR CITY OF PERDIDO KEY, INC.	
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Principal Place of Business 14550 PERDIDO KEY DR. PERDIDO KEY, FL 32507	Mailing Address 14550 PERDIDO KEY DR. PERDIDO KEY, FL 32507
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DO NOT WRITE IN THIS SPACE



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1428709	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRANKLIN, GEORGE 14550 PERDIDO KEY DR. PERDIDO KEY, FL 32507
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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.

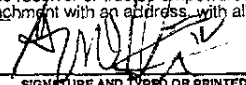
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRANKLIN, GEORGE 14550 PERDIDO KEY DR. PERDIDO KEY, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FRANKLIN, ANDREA 14550 PERDIDO KEY DR. PERDIDO KEY, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD00000284859 04/02/05-80021-018 150.00 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 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: 	3/31/05	257 9741658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #