

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G35609

FILED
Apr 17, 2009
Secretary of State

Entity Name: FLORIDA KEYS WHISTLE STOP, INC.

Current Principal Place of Business:

82685 S. OVERSEAS HWY
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

82685 S. OVERSEAS HWY
PO BOX 316
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 59-2261633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCONI, ROBERT M CPA
10231 PANAMA ST
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SPIGELMYRE, MARGARET O
Address: 82685 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL

Title: S () Delete
Name: HELTMAN, ALFRED
Address: 11742 SW 92ND TERRACE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: MORRIS, THOMAS
Address: 7923 SW 161 PLACE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS I MORRIS

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date