

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State



DOCUMENT # H27866

1. Entity Name

THE SHARK OF KEY WEST, INCORPORATED

Principal Place of Business

161 KEY HAVEN RD.
 KEY WEST FL 33040

Mailing Address

161 KEY HAVEN RD.
 KEY WEST FL 33040



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-2453370

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGHSMITH, ROBERT E
 3158 NORTHSIDE DRIVE
 KEY WEST FL 33040

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DP
 NAME: WICKERS, WILLIAM O., JR
 STREET ADDRESS: 161 KEY HAVEN RD.
 CITY-ST-ZIP: KEY WEST FL 33040 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: 1100000552595
 CITY-ST-ZIP: 05/15/06-80019-004 150.00

TITLE: VST
 NAME: WICKERS, LINDA W.
 STREET ADDRESS: 161 KEY HAVEN RD.
 CITY-ST-ZIP: KEY WEST FL 33040 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
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 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Linda W. Wickers*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 LINDA W. WICKERS

4/25/06 (305) 294-9286
 Date Daytime Phone #