

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # H34618

1. Entity Name
K W RESORT UTILITIES CORP.



Principal Place of Business
**6450 E. JUNIOR COLLEGE ROAD
KEY WEST, FL 33040 US**

Mailing Address
**6450 E. JUNIOR COLLEGE ROAD
KEY WEST, FL 33040 US**



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3250037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CARTER, DOUG
6450 EAST JUNIOR COLLEGE ROAD
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SMITH, WILLIAM L JR 11 EAST ADAMS, STE. 1400 CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ALEXANDER 237 BLOOMING BANK ROAD RIVERSIDE, IL 60546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BART 237 BLOOMING BANK ROAD RIVERSIDE, IL 60546
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/24/07-80138-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07 305-522-3600
Date Daytime Phone #