

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H34618

FILED
Apr 13, 2009
Secretary of State

Entity Name: K W RESORT UTILITIES CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 13-3250037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, DOUG
6450 EAST JUNIOR COLLEGE ROAD
KEY WEST, FL 33040 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: PTS () Delete
Name: SMITH, WILLIAM L JR
Address: 10 SOUTH LASALLE STREET SUITE 2660
City-St-Zip: CHICAGO, IL 60603 US

Title: D () Delete
Name: SMITH, ALEXANDER
Address: 237 BLOOMING BANK ROAD
City-St-Zip: RIVERSIDE, IL 60546

Title: D () Delete
Name: SMITH, BARTON
Address: 201 FRONT STREET SUITE 203
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: P () Change (X) Addition
Name: JOHNSON, CHRISTOPHER
Address: 201 FRONT STREET SUITE 203
City-St-Zip: KEY WEST, FL 33040

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: GILLIAN SEIFERT

CFO

04/13/2009

Electronic Signature of Signing Officer or Director

Date