


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H88012**  
 1. Entity Name  
**KEY WEST SEASPRAY LAND COMPANY**



Principal Place of Business      Mailing Address  
 123 OCEAN AVENUE      123 OCEAN AVENUE  
 PALM BEACH SHORES, FL 33404      PALM BEACH SHORES, FL 33404

**DO NOT WRITE IN THIS SPACE**



01062004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2635002**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 BOWSER, PHILLIP C.  
 123 OCEAN AVE.  
 PALM BEACH SHORES, FL 33404

**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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000125838  
 04/23/04-80010-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	OD
NAME	BOWSER, PHILLIP C.
STREET ADDRESS	123 OCEAN AVE.
CITY-ST-ZIP	PALM BCH. SHORES, FL
TITLE	PST
NAME	BOWSER, SHIRLEY A.
STREET ADDRESS	123 OCEAN AVE.
CITY-ST-ZIP	PALM BCH. SHORES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Phillip C. Bowser      4/17/04      (561) 844-0233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**PHILLIP C. BOWSER DIRECTOR**