


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # H90820	
1. Entity Name SHARK KEY DEVELOPMENT CORPORATION	

Principal Place of Business SALES CNTR SHARK KEY KEY WEST, FL 33040	Mailing Address SALES CNTR SHARK KEY KEY WEST, FL 33040
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**DO NOT WRITE IN THIS SPACE**



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2647114	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HALPERN, MICHELLE K. SALES CNTR SHARK KEY KEY WEST, FL 33040	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEEVAN, CLARENCE J. SALES CNTR, SHARK KEY KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEEVAN, JACQUELINE G. SALES CNTR, SHARK KEY KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEEVAN, PATRICK F. SALES CNTR, SHARK KEY KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV HALPERN, MICHELLE K. SALES CNTR, SHARK KEY KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV FINCH, ANNE K SALES CNTR, SHARK KEY KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000235929  
02/19/05-80025-020 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	2/9/05 305.296.0760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #