2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90031 011 ***150.00

DOCUMENT # J32271

1. Entity Name
BANANA BOAT OF KEY WEST, INC.

Principal Place of Business	Mailing Address
1126 STUMPLANE KEY WEST FL 33040 US	57 MARSH HAWK HACKETTSTOWN NJ 07840 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
29581 RICHARD Rd	22 CHARLES ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BIG PINE KEY, FL	City & State: STANHOPE, NJ
Zip: 33043 Country:	Zip: 07874 Country:

4. FEI Number 65-0039843 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, JENNIFER
1126 STUMP LANE
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name: JENNIFER GREENE
Street Address (P.O. Box Number is Not Acceptable): 29581 RICHARD RD
City: BIG PINE KEY FL Zip Code: 33043

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] DATE 02/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	PO	☐ Delete	TITLE	PO	☐ Change ☐ Addition
NAME	GREENE, JENNIFER		NAME	GREENE, JENNIFER	
STREET ADDRESS	1126 STUMP LANE		STREET ADDRESS	29581 RICHARD RD	
CITY-ST-ZIP	KEY WEST FL 33040		CITY-ST-ZIP	BIG PINE KEY, FL, 33043	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] JENNIFER GREENE 2/09/04 201-874-5564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #