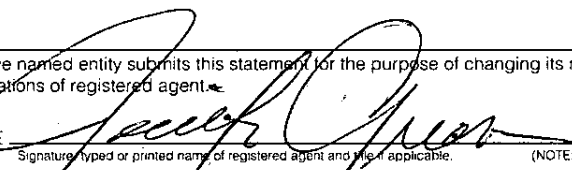
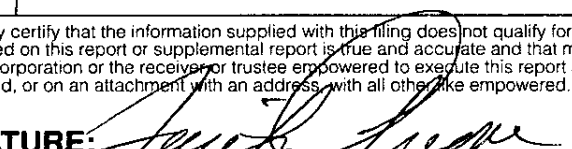


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 1126 STUMPLANE KEY WEST FL 33040 US		Mailing Address 57 MARSH HAWK HACKETTSTOWN NJ 07840 US	
2. Principal Place of Business 29581 RICHARD RD Suite, Apt. #, etc.		3. Mailing Address 22 CHARLES ST Suite, Apt. #, etc.	
City & State BIG PINE KEY, FL Zip 33043 Country		City & State STANHOPE, NJ Zip 07804 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: 33040	
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:  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 ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PO GREENE, JENNIFER	TITLE	PO GREENE, JENNIFER
NAME	1126 STUMP LANE	NAME	29581 RICHARD RD
STREET ADDRESS	KEY WEST FL 33040	STREET ADDRESS	BIG PINE KEY, FL, 33043
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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:  JENNIFER GREENE 2/09/04 201-874-5364 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			