

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # J70607

1. Entity Name
KEY WEST OF THE DESERT, INC.



Principal Place of Business

**C/O ACA JOE
617 DUVAL STREET
KEY WEST, FL 33040**

Mailing Address

**C/O ACA JOE
617 DUVAL STREET
KEY WEST, FL 33040**



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2804277

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KUTNER, MURIEL
617 DUVAL STREET
KEY WEST, FL 33040**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000604325
01/28/07-80049-009 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KUTNER, MURIEL
617 DUVAL STREET
KEY WEST, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
KUTNER, ARTHUR
617 DUVAL ST
KEY WEST, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *x Muriel Kutner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Muriel Kutner Pres 1/21/07 305-2941570