2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J70607

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

Principal Place of Business	Mailing Address
C/O ACA JOE	C/O ACA JOE
617 DUVAL STREET	617 DUVAL STREET
KEY WEST, FL 33040	KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

02212008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2804277		Not Applicable

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

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, 2008 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000842577
03/11/08-80036-017 150.00

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. MURIEL KUTNER

SIGNATURE: _X Muriel Kutner_   2/26/08   X 2/26/08   3052941570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #