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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M21106

1. Entity Name
FLORIDA KEYS BANKCORP

| Principal Place of Business | Mailing Address |
|---|---|
| % DANIEL LEE<br>1201 SIMONTON STREET<br>KEY WEST, FL 33040 | % DANIEL LEE<br>1201 SIMONTON STREET<br>KEY WEST, FL 33040 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01122004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2583886 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SPOTTSWOOD JR., JOHN M.<br>1201 SIMONTON STREET<br>KEY WEST, FL 33040 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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, 2004 Fee will be $550.00**

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 | CD ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | SPOTTSWOOD, JOHN M., JR. | NAME | |
| STREET ADDRESS | 522 CAROLINE STREET | STREET ADDRESS | |
| CITY-ST-ZIP | KEY WEST, FL 33040 | CITY-ST-ZIP | |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | KEMP, WILLIAM | NAME | |
| STREET ADDRESS | 141 KEY HAVEN RD | STREET ADDRESS | |
| CITY-ST-ZIP | KEY WEST, FL 33040 | CITY-ST-ZIP | |
| TITLE | PD ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | SHARP, KAREN M | NAME | |
| STREET ADDRESS | 1201 SIMONTON STREET | STREET ADDRESS | |
| CITY-ST-ZIP | KEY WEST, FL 33040 | 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:** _____ KAREN M. SHARP 2/17/04 305-293-7102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President / Director Date Daytime Phone #