


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90008 031 ***150.00

DOCUMENT # M21106 1. Entity Name FLORIDA KEYS BANKCORP	
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Principal Place of Business 1201 SIMONTON STREET KEY WEST, FL 33040	Mailing Address 1201 SIMONTON STREET KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE

40030589



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2583886	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPOTTSWOOD, JOHN M JR 1201 SIMONTON STREET KEY WEST, FL 33040
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**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SPOTTSWOOD, JOHN M JR 522 CAROLINE STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMP, WILLIAM 141 KEY HAVEN RD KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARP, KAREN M 1201 SIMONTON STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Karen M. Sharp 4/27/07 305-293-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #