

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M21106**

1. Entity Name  
FLORIDA KEYS BANKCORP



Principal Place of Business  
1201 SIMONTON STREET  
KEY WEST, FL 33040

Mailing Address  
1201 SIMONTON STREET  
KEY WEST, FL 33040



02272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)

**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**

U000000888941  
04/08/08-80050-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	SPOTTSWOOD, JOHN M JR
STREET ADDRESS	522 CAROLINE STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	KEMP, WILLIAM
STREET ADDRESS	141 KEY HAVEN RD
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	PD
NAME	SHARP, KAREN M
STREET ADDRESS	1201 SIMONTON STREET
CITY-ST-ZIP	KEY WEST, FL 33040
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08 305-296-8535  
Date Daytime Phone #