2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# N00000000111

Entity Name: THE KEY WEST POPS, INC.

Current Principal Place of Business:

916 VIRGINA
KEY WEST, FL 33041

New Principal Place of Business:

1709 ATLANTIC BLVD
KEY WEST, FL 33040

Current Mailing Address:

P.O. BOX 6206
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 65-1060786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDLEY, CRISTINA
916 VIRGINIA
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FERNANDEZ, GEORGE
Address: P.O. BOX 6206
City-St-Zip: KEY WEST, FL 33041

Title: TD ( ) Delete
Name: VIANA, JOE
Address: P.O. BOX 6206
City-St-Zip: KEY WEST, FL 33041

Title: D ( ) Delete
Name: ZITO, PAUL F M.D.
Address: P.O. BOX 6206
City-St-Zip: KEY WEST, FL 33041

Title: VD ( ) Delete
Name: ZITO, PAUL M.D.
Address: P.O. BOX 6206
City-St-Zip: KEY WEST, FL 33041

Title: SD ( ) Delete
Name: VITERWYK, SUSAN
Address: P.O. BOX 6206
City-St-Zip: KEY WEST, FL 33041

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MAY, PHYLLIS
Address: P.O. BOX 6206
City-St-Zip: KEY WEST, FL 33041

Title: D (X) Change ( ) Addition
Name: SNOW, LURANA
Address: P.O. BOX 6206
City-St-Zip: KEY WEST, FL 33041

Title: V ( ) Change (X) Addition
Name: TRIVISONNO, SUZIE
Address: P.O. BOX 6206
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE VIANA T 04/08/2004

Electronic Signature of Signing Officer or Director — Date