
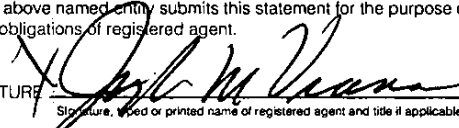
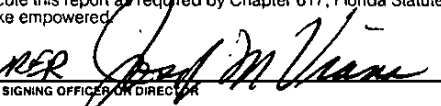


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90044 005 ****61.25

DOCUMENT # N00000000111			
1. Entity Name THE KEY WEST POPS, INC.			
Principal Place of Business 1709 ATLANTIC BLVD KEY WEST, FL 33040		Mailing Address P.O. BOX 6206 KEY WEST, FL 33041	
2. Principal Place of Business 1523 WASHINGTON Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State KEY WEST FL		City & State	
Zip 33040		Country MONROE	
4. FEI Number 65-1060786		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 LINDLEY, CRISTINA 916 VIRGINIA KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name: JOE VIANA Street Address (P.O. Box Number is Not Acceptable): 1523 WASHINGTON ST. City: KEY WEST FL Zip Code: 33040	
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: 		JOE VIANA DATE: 2/10/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD	NAME: FERNANDEZ, GEORGE	TITLE: JP	NAME: MARY ANN WORTH
STREET ADDRESS: P.O. BOX 6206	CITY-ST-ZIP: KEY WEST, FL 33041	STREET ADDRESS: 314 SIMONTON ST.	CITY-ST-ZIP: KEY WEST, FL 33040
TITLE: TD	NAME: VIANA, JOE	TITLE:	NAME:
STREET ADDRESS: P.O. BOX 6206	CITY-ST-ZIP: KEY WEST, FL 33041	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D	NAME: ZITO, PAUL F.M.D.	TITLE:	NAME:
STREET ADDRESS: P.O. BOX 6206	CITY-ST-ZIP: KEY WEST, FL 33041	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D	NAME: MAY, PHYLLIS	TITLE: PRESIDENT	NAME:
STREET ADDRESS: P.O. BOX 6206	CITY-ST-ZIP: KEY WEST, FL 33041	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D	NAME: SNOW, LURANA	TITLE:	NAME:
STREET ADDRESS: P.O. BOX 6206	CITY-ST-ZIP: KEY WEST, FL 33041	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: V	NAME: TRIVISONNO, SUZIE	TITLE: SECRETARY	NAME: KAREN JAPOROWSKI
STREET ADDRESS: P.O. BOX 6206	CITY-ST-ZIP: KEY WEST, FL 33040	STREET ADDRESS: P.O. BOX 6206	CITY-ST-ZIP: KEY WEST FL 33040
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 617, 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: JOE VIANA, TREASURER 		2/10/05 305-296-476	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40017646



02112005 Chg-NP CR2E037 (10/03)