

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90157 039 \*\*\*\*70.00

**DOCUMENT # N00000000111**

1. Entity Name  
**THE KEY WEST POPS, INC.**



Principal Place of Business

1523 WASHINGTON  
KEY WEST, FL 33040

Mailing Address

P.O. BOX 6206  
KEY WEST, FL 33041



04252006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1060786

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VIANA, JOE  
1523 WASHINGTON ST  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WORTH, MARY-ANN  
314 SIMONTON ST  
KEY WEST, FL 33040

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
VIANA, JOE  
P.O. BOX 6206  
KEY WEST, FL 33041

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ZITO, PAUL F M.D.  
P.O. BOX 6206  
KEY WEST, FL 33041

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MAY, PHYLLIS  
P.O. BOX 6206  
KEY WEST, FL 33041

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SNOW, LURANA  
P.O. BOX 6206  
KEY WEST, FL 33041

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
TAPOROWSKI, KAREN  
P.O. BOX 6206  
KEY WEST, FL 33040

**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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-06 (305) 996-4761