

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90008 009 ****70.00

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01092007 Chg-NP CR2E037 (12/06)

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		
2. Principal Place of Business - No P.O. Box # 3700 Eagle Ave.		3. Mailing Address Suite, Apt. #, etc.			
City & State Key West, FL		City & State			
Zip 33040		Country USA		4. FEI Number 65-1060786	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIANA, JOE 1523 WASHINGTON ST KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			DATE 1.15.07		
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORTH, MARY-ANN		NAME	Daly Garlo	
STREET ADDRESS	314 SIMONTON ST		STREET ADDRESS	20942 Sixth Ave., West	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	Cudjoe Key, FL 33042	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIANA, JOE		NAME	Lurana Snow	
STREET ADDRESS	P.O. BOX 6206		STREET ADDRESS	299 E. Broward Blvd., # 204	
CITY-ST-ZIP	KEY WEST, FL 33041		CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, PHYLLIS		NAME	Joe Viana	
STREET ADDRESS	P.O. BOX 6206		STREET ADDRESS	1523 Washington St.	
CITY-ST-ZIP	KEY WEST, FL 33041		CITY-ST-ZIP	Key West, FL 33040	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNOW, LURANA		NAME	George Fernandez	
STREET ADDRESS	P.O. BOX 6206		STREET ADDRESS	1108 South St.	
CITY-ST-ZIP	KEY WEST, FL 33041		CITY-ST-ZIP	Key West, FL 33040	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAPOROWSKI, KAREN		NAME	Fred Shetka	
STREET ADDRESS	P.O. BOX 6206		STREET ADDRESS	1514 Fourth St.	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			LURANA S. SNOW PRESIDENT Jan. 15, 2006		