2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 25, 2008 8:00 am DOCUMENT # N0000000111 **Secretary of State** 03-25-2008 90010 036 ****61.25 THE KEY WEST POPS, INC. Principal Place of Business Mailing Address P.O. BOX 6206 KEY WEST FL 33041 3700 EAGLE AVE. KEY WEST FL 33040 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 65-1060786 Not Applicable Zip Ζıp Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SNOW, LURANA S Street Address (P.O. Box Number is Not Acceptable) 299 E. BROWARD BLVD. **ROOM 204** FORT LAUDERDALE FL 33301 Zip Code FL 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. camed care of registered agent and site if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VΡ TITLE Delete TITLE couch, Rita GARLO, DOLLY NAME NAME 116 Avenue 20942 6TH AVE., WEST STREET ADDRESS STREET ADDRESS 33040 CUDJOE KEY FL 33042 CITY - ST - ZIP CITY-ST-ZIP SD Defete TITLE ☐ Change Addition THILE HELD, CORY MAINE NAME 904 WASHINGTON ST. STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition FERÑANDEZ, GEORGE NAME NAME 1108 SOUTH ST STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZiP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition SNOW, LURANA NAME NAME 299 E. BROWARD BLVD., 204 STREET ACCRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZP TD TITLE Dalete TILLE Change ☐ Addition HOLLAND, LEE ANNE 109 FRONT STREET, #109 STREET ADDPESS STREET AUDRESS KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

an address, with all other like empowered