2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# N00000000111

Entity Name: THE KEY WEST POPS, INC.

Current Principal Place of Business:

3700 EAGLE AVE.
KEY WEST, FL 33040

New Principal Place of Business:

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:

SNOW, LURANA S
299 E. BROWARD BLVD.
ROOM 204
FORT LAUDERDALE, FL 33301 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: VP ( ) Delete
Name: HELD, CORY
Address: 904 WASHINGTON STREET
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete
Name: GROSKY, JEFFREY
Address: 525 WILLIAM STREET
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: FERNANDEZ, GEORGE
Address: 1108 SOUTH ST
City-St-Zip: KEY WEST, FL 33040

Title: P ( ) Delete
Name: SNOW, LURANA
Address: 299 E. BROWARD BLVD., 204
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TD ( ) Delete
Name: COUCH, RITA
Address: 116 AVENUE F
City-St-Zip: KEY WEST, FL 33040

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

Title: TD (X) Change ( ) Addition
Name: COUCH, RITA
Address: 426 AVENUE B
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LURANA S. SNOW P 04/12/2009

Electronic Signature of Signing Officer or Director — Date