


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000008448 1. Entity Name KEY WEST PET TASK FORCE, INC.	
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Principal Place of Business 1523 PATRICIA ST. KEY WEST, FL 33040	Mailing Address 1523 PATRICIA ST. KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1076980	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

FAVELLI, GEORGIA
1523 PATRICIA ST.
KEY WEST, FL 33040

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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAVELLI, GEORGIA 1523 PATRICIA ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, KARLA 1523 PATRICIA ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAVELLI, THOMAS 1523 PATRICIA ST. KEY WEST, FL 33040
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01/16/07-80014-019 61.25

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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:  (D)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/07 305-293-9836
Date Daytime Phone #