


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

**FILED**  
**Aug 28, 2007 8:00 am**  
**Secretary of State**

08-28-2007 90024 021 \*\*\*\*61.25

<b>DOCUMENT # N02000003270</b> 1. Entity Name FLORIDA KEYS BOTANICAL CENTER, INC.	
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Principal Place of Business 18455 SW 264 STREET HOMESTEAD, FL 33031	Mailing Address 18455 SW 264 STREET HOMESTEAD, FL 33031
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**DO NOT WRITE IN THIS SPACE**



08222007 No Chg-NP CR2E037 (4/06)

4. FEI Number <del>20-1043082</del> 30-0195747	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
DEMOTT, JOHN C  
18455 SW 264TH STREET  
HOMESTEAD, FL 33031

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMOTT, JOHN C 18455 SW 264TH STREET HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAFT, PAUL 18455 SW 264TH STREET HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JOHN 18455 SW 264TH STREET HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISPIN, WILLIAM K 93351 OVERSEAS HIGHWAY, #3 TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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.

<b>SIGNATURE:</b>  <b>John C. DeMott</b>	8/22/07	305-248-5109
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>



IRS Department of the Treasury  
Internal Revenue Service

P.O. BOX 9003  
HOLTSVILLE NY 11742-9003

ATTACHMENT

In reply refer to: 0132662078  
May 10, 2004 LTR 147C

30-0195747 000000 00 000

00599

BODC: SB

40130580  
# N02000003270

FLORIDA KEYS BOTANICAL CENTER INC  
% JOHN DEMOTT  
18455 SW 264 ST  
HOMESTEAD FL 33031-1883550

Employer Identification Number: 30-0195747

Dear Taxpayer:

Thank you for the inquiry dated Apr. 26, 2004.

We found an Employer Identification Number for your entity on our system, therefore we will not be validating the EIN you applied for on our internet web site. Please use the following EIN already assigned to your entity: 30-0195747.

If you have any questions, please call us toll free at 1-800-829-4933.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Bonnie Fuentes  
Department Mgr. EIN 3

Enclosure(s):  
Copy of this letter