2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90196 025 ****61.25

DOCUMENT # N04000005337

1. Entity Name
KEY WEST AND LOWER KEYS FISHING GUIDES ASSOCIATION, INC.

DU036776

Principal Place of Business	Mailing Address
22915 BLUE GILL LN CUDJOE KEY, FL 33042	22915 BLUE GILL LN CUDJOE KEY, FL 33042

01192005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Sugarloaf VFD	PO Box 420331
Suite, Apt. #, etc. US1 mm 17	Suite, Apt. #, etc.
City & State Sugarloaf Key, FL	City & State Summerland Key, FL
Zip / Country 33042 / MONROE	Zip / Country 33042 / MONROE

4. FEI Number
55-0868534
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOULEY, RICK 22915 BLUE GILL LN CUDJOE KEY, FL 33042	Name: BRYAN YATES Street Address (P.O. Box Number is Not Acceptable): 3821 Eagle Ave City: KEY WEST FL Zip Code: 33040

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: BRYAN R. YATES, President — 3 March 05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOULEY, RICK 22915 BLUE GILL LN CUDJOE KEY, FL 33042	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYAN YATES 3821 Eagle Ave Key West, FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KILPATRICK, DOUG 22969 SHARP LN SUGARLOAF KEY, FL 33042	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNAGAN, REUBEN 1316 WHALTON ST KEY WEST, FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DREW DELASCHMIDT 621 Pattison Dr. Cudjoe Key, FL 33042	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAUGHN, MIKE 1009 COXON LN SUMMERLAND KEY, FL 33042	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John O'Hearn 6125 2nd St. #34 Key West, FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BECKER, SIMON 22881 JOHN SILVER LN CUDJOE KEY, FL 33042	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Chris Garcia P.O. Box 2156 Key West, FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IMPALLOMENI, STEVE 24730 PARK DR SUMMERLAND KEY, FL 33042	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: — 3 March 05 — 305 393 2308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #