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.

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

Mailing Address
22915 BLUE GILL LN
CUDJOE KEY, FL 33042

D00036776

01192005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Sugarloaf VFD
Suite, Apt. #, etc.
US1 MM 17
City & State
Sugarloaf Key, FL
Zip 33042 Country MONROE

3. Mailing Address
PO Box 420331
Suite, Apt. #, etc.
City & State
Summerland Key, FL
Zip 33042 Country 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
BOULEY, RICK
22915 BLUE GILL LN
CUDJOE KEY, FL 33042

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