
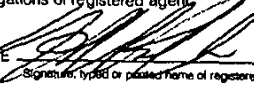
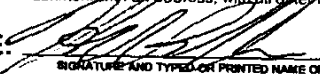


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90064 016 ****61.25

DOCUMENT # N05000005440					
1. Entity Name UPPER KEYS FISHING CLUB, INC.					
Principal Place of Business 101000 OVERSEAS HWY KEY LARGO, FL 33037			Mailing Address UKFC PO BOX 370484 KEY LARGO, FL 33037		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRANKOVICH, TOM 210 JOLLY ROGER DR KEY LARGO, FL 33037			Name: <u>HARRY KALLIS</u> Street Address (P.O. Box Number is Not Acceptable): <u>106 SOUTH DR.</u> City: <u>ISLAMORADA</u> FL Zip Code: <u>33036</u>		
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 		Name: <u>HARRY KALLIS</u>		DATE: <u>3/6/8</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, MIKE		NAME		
STREET ADDRESS	817 THIRD LN		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANCOTT, WHIT		NAME		
STREET ADDRESS	903 S. RUBY DR		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	H. CHANDLER WARNER JR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKOVICH, TOM		NAME		
STREET ADDRESS	20 JEAN LA FITTE DR		STREET ADDRESS	<u>879 N. LAKE DR.</u>	
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP	<u>KEY LARGO, FL. 33037</u>	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALLIS, HARRY		NAME		
STREET ADDRESS	106 SOUTH DR.		STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA, FL 33036		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Name: <u>HARRY KALLIS</u>		DATE: <u>3/6/8</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>305-853-2698</u>	

40041861



02192008 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Filing Fee is \$61.25 Due by May 1, 2008

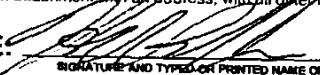
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Make check payable to Florida Department of State

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TITLE	SD	<input type="checkbox"/> Delete
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NAME	FRANKOVICH, TOM	
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CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	T	<input type="checkbox"/> Delete
NAME	KALLIS, HARRY	
STREET ADDRESS	106 SOUTH DR.	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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CITY-ST-ZIP		

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SIGNATURE:  Name: HARRY KALLIS DATE: 3/6/8
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 305-853-2698