

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22876

FILED
Feb 24, 2009
Secretary of State

Entity Name: PROTECT KEY WEST AND THE FLORIDA KEYS, INC.

Current Principal Place of Business:

422 FLEMING STREET
SUITE 4
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 146
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 65-0057840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, ALBERT DR
422 FLEMING STREET
SUITE 4
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SULLIVAN, ALBERT DR
Address: 1210 WATSON STREET
City-St-Zip: KEY WEST, FL 33040

Title: V () Delete
Name: LIGGETT, ANNETTE DR
Address: 606 FRANCES STREET
City-St-Zip: KEY WEST, FL 33040

Title: V () Delete
Name: PUTNEY, MICK DR
Address: 2150 NO NAME DRIVE
City-St-Zip: NO NAME KEY, FL 33043

Title: T () Delete
Name: SONGER, MARK MR.
Address: 1310 NEWTON STREET
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: DECK, ROBIN MS
Address: 1304 SEMINARY STREET
City-St-Zip: KEY WEST, FL 3304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LYNCH, AMY L
Address: P O BOX 4062
City-St-Zip: KEY WEST, FL 33041 US

Title: V (X) Change () Addition
Name: PUTNEY, SNEL DR
Address: 2150 NO NAME DRIVE
City-St-Zip: NO NAME KEY, FL 33043

Title: VT (X) Change () Addition
Name: SONGER, MARK E
Address: 1310 NEWTON STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: S (X) Change () Addition
Name: MILONE, THOMAS
Address: P O BOX 4310
City-St-Zip: KEY WEST, FL 33041 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK E SONGER

VT

02/24/2009

Electronic Signature of Signing Officer or Director

Date