


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N37323</b> 1. Entity Name <b>FLORIDA KEYS FISHING TOURNAMENTS, INC.</b>	
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Principal Place of Business <b>29975 OVS HWY BIG PINE KEY, FL 33043 US</b>	Mailing Address <b>P.O. BOX 420358 SUMMERLAND KEY, FL 33042 US</b>
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**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0294922</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SPOTTSWOOD, WILLIAM B.  
500 FLEMING ST  
KEY WEST, FL 33040**

**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 reconstituting) 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHARPE, JIM 29975 OVS HWY BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINHOFER, MIKE 29975 OVS HWY BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANKIRK, DONNA P.O. BOX 914 MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINGO, KENRY PO BOX 1448 KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREENE, TIM 2786 N. ROOSEVELT BLVD KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CROCKETT, JOHN 29465 FORRSSTAL AVE. BIG PINE KEY, FL 33043

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IN THIS SPACE**

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04/05/05-80014-004 70.00

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 another like empowered.

SIGNATURE: *Jm Sharpe* **4-1-05 305-872-2232**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #