


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N46809 1. Entity Name CLEAN FLORIDA KEYS, INC.	
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Principal Place of Business 1801 WHITE ST KEY WEST, FL 33040 US	Mailing Address P.O. BOX 1528 KEY WEST, FL 33041
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DO NOT WRITE IN THIS SPACE



05062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0334997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, GREGORY
30335 WARBLER LANE
BIG PINE KEY, FL 33043

**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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

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

U00000161001
05/20/04-80001-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAVER, DENNIS 1207 WHITE HEAD KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, MARCI L 818 WHITE ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ROOT, CAROLINE 1419 ELGIN STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMAN, BRIAN 22 ASTER TERRACE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWTHORNE, WILLIAM B M.D. 1400 VON PHISTER ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, GAILANNA 1423 ROSE ST KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

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:  5/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #