2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N9300000072 1. Entity Name KEY LARGO MARINE RESEARCH LABORATORY, INC.					oury or some
Pr#icipal Plac 104 E SHOR KEY LARGO,	E DR	Mailing Address PO BOX 832 KEY LARGO, FL 33037 US		, inauhini sin inina iini nauk 2011 A211 (2011 A211) a	ONSII ANIIS INVANII IINISET VA 1801
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DO NOT WRITE IN THIS SPAC			CE	04222005 No Chg-NP CR28 4. FEI Number 65-0414770	Applied For Not Applicable
		For the second s	and the state of the state of	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent			- The state of the
KEY LARC	MARK H VERSEAS HWY GO, FLORIDA ER, FL 33037			DO NOT WRIT	i
8. The above named critity 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.	Signature, typed or printed name of registered agent is	and title if applicable (NOTE Registere	Agent signature required	where refrestigling) DATE HIDDON ST	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Final Trust Fund Contribution.			44-015 61.25
10.	OFFICERS AND	DIRECTORS			and the state of t
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FITT, JR. WILLIAM K 104 E SHORE DRIVE KEY LARGO, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, DR. C 5600 OLD DIXIE HWY FT. PIERCE, FL 34946				pris
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMPF STEPHAN C DR 101 CARY HALL, AUBURN UNIVERSITY AUBURN, AL		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, DR. S 5600 OLD DIXIE HWY FT. PIERCE, FL 34946	1. · · · · · · · · · · · · · · · · · · ·		IN THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				The state of the s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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: William Co Difference Date 4-22-05 305-453-929 Plans SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date					