

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N93000000072

1. Entity Name
KEY LARGO MARINE RESEARCH LABORATORY, INC.



Principal Place of Business
**104 E SHORE DR
KEY LARGO, FL 33037**

Mailing Address
**PO BOX 832
KEY LARGO, FL 33037 US**



04292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0414770	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GREGG, MARK H
100360 OVERSEAS HWY
KEY LARGO, FLORIDA
TAVERNIER, FL 33037**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMPF STEPHAN C DR 101 CARY HALL, AUBURN UNIVERSITY AUBURN, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, DR. S 5600 OLD DIXIE HWY FT. PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/21/07-80014-005 61.25

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: William K Pitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-07 305-453-9298
Date Daytime Phone #