

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 AM**  
**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**



04052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0414770**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000001868898  
04/22/08 00002 022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	FITT, JR. WILLIAM K
STREET ADDRESS	104 E SHORE DRIVE
CITY-ST-ZIP	KEY LARGO, FL
TITLE	D
NAME	COOK, DR. C
STREET ADDRESS	5600 OLD DIXIE HWY
CITY-ST-ZIP	FT. PIERCE, FL 34946
TITLE	D
NAME	KEMPF STEPHAN C DR
STREET ADDRESS	101 CARY HALL, AUBURN UNIVERSITY
CITY-ST-ZIP	AUBURN, AL
TITLE	D
NAME	COOK, DR. S
STREET ADDRESS	5600 OLD DIXIE HWY
CITY-ST-ZIP	FT. PIERCE, FL 34946
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

*4-5-08*

Date

*305-453-9298*

Daytime Phone #