

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000106667

**FILED**  
**Mar 12, 2007**  
**Secretary of State**

**Entity Name:** ISLAND INNOVATIONS OF KEY WEST, INC.

**Current Principal Place of Business:**

711 DUVAL STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

711 DUVAL STREET  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 65-1069439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDONALD, JILL  
711 DUVAL STREET  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: MCDONALD, P. JILL  
Address: 711 DUVAL STREET  
City-St-Zip: KEY WEST, FL 33040

Title: DS ( ) Delete  
Name: MCDONALD, PAUL J  
Address: 7784 CEDAR RIDGE DR  
City-St-Zip: PICKERINGTON, OH 43147

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. JILL MCDONALD

DPT

03/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date