


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000036612</b> 1. Entity Name <b>HOWELLKEY CAMPING, INC.</b>	
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Principal Place of Business <b>30752 PALM DR. BIG PINE KEY, FL 33043</b>	Mailing Address <b>30752 PALM DR. BIG PINE KEY, FL 33043</b>
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01312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1105258</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WRIGHT, THOMAS D 9711 OVERSEAS HWY., STE. 5 MARATHON, FL 33050</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	DP MOORE, JAMES E SR 30752 PALM DR. BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOORE, JAMES E JR 3398 JASMINE VINE CT LAS VEGAS, NV 89135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MOORE, ELAINE G 30752 PALM DR. BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, KAREN E. 9300 CONCORD RD SAINT CLOUD, FL 34773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000464706  
03/22/06-80006-010 150.00

**DO NOT WRITE  
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 607, 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: *\* Elaine G. Moore Elaine G. Moore* 3/8/06 305-872-2302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if