

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036612

Entity Name: HOWELLKEY CAMPING, INC.

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

30752 PALM DR.
BIG PINE KEY, FL 33043

New Principal Place of Business:

Current Mailing Address:

30752 PALM DR.
BIG PINE KEY, FL 33043

New Mailing Address:

FEI Number: 65-1105258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, THOMAS D
9711 OVERSEAS HWY., STE. 5
MARATHON, FL 33050 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: DP () Delete
Name: MOORE, JAMES E SR
Address: 30752 PALM DR.
City-St-Zip: BIG PINE KEY, FL 33043

Title: DV () Delete
Name: MOORE, JAMES E JR
Address: 3398 JASMINE VINE CT
City-St-Zip: LAS VEGAS, NV 89135

Title: DST () Delete
Name: MOORE, ELAINE G
Address: 30752 PALM DR.
City-St-Zip: BIG PINE KEY, FL 33043

Title: D () Delete
Name: CUMMINGS, KAREN E
Address: 9300 CONCORD RD
City-St-Zip: SAINT CLOUD, FL 34773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: CUMMINGS, KAREN E
Address: 9290 CONCORD RD
City-St-Zip: SAINT CLOUD, FL 34773

I hereby certify that the information supplied with this filing does not qualify 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: ELAINE MOORE

DST

03/18/2009

Electronic Signature of Signing Officer or Director

Date