

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041494

Entity Name: KEY WEST SANDALS, INC

FILED
Jan 05, 2004
Secretary of State

Current Principal Place of Business:

8743 SOUTH US 1
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

8743 SOUTH US 1
PORT SAINT LUCIE, FL 34952

New Mailing Address:

265 SW PORT ST. LUCIE BLVD.
SUITE 218
PORT SAINT LUCIE, FL 34984

FEI Number: 65-1096147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEPITONE, BYRON V
681 SW ASTER RD
PORT ST LUCIE, FL 34953

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: D () Delete
Name: PEPITONE, DEBORAH R
Address: 681 SW ASTER RD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete
Name: PEPITONE, BYRON II
Address: 681 SW ASTER RD
City-St-Zip: PORT ST LUCIE, FL 34953

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 Section 119.07(3)(i), 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: BYRON V. PEPITONE

PRES

01/05/2004

Electronic Signature of Signing Officer or Director

Date