

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000077844

FILED  
Apr 19, 2005  
Secretary of State

**Entity Name:** MOSQUITO COAST ISLAND OUTFITTERS AND KAYAK GUIDES, INC.

**Current Principal Place of Business:**

310 DUVAL STREET  
#24  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

32 KINGFISHER LANE  
KEY WEST, FL 33040

**New Mailing Address:**

24 WHISTLING DUCK LANE  
KEY WEST, FL 33040

**FEI Number:** 65-1140956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOPER, SUSAN J  
24 WHISTLING DUCK LANE  
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: O ( ) Delete  
Name: COOPER, SUEAN  
Address: 24 WHISTLING DUCK LANE  
City-St-Zip: KEY WEST, FL 33040

Title: O ( ) Delete  
Name: ROTH, ROBYN  
Address: 24 WHISTLING DUCK LANE  
City-St-Zip: KEY WEST, FL 33040

**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:** SUSAN COOPER

O

04/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date