

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000094602	
1. Entity Name KEY LARGO MANAGEMENT CORPORATION	

Principal Place of Business 1001 EAST ATLANTIC AVE., STE 202 DELRAY BEACH, FL 33483	Mailing Address 1001 EAST ATLANTIC AVE., STE 202 DELRAY BEACH, FL 33483
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01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1145247	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D
NAME	WALSH, MICHAEL
STREET ADDRESS	1001 EAST ATLANTIC AVE., STE 202
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D
NAME	WALSH, WILLIAM
STREET ADDRESS	1000 MARKET STREET, STE 300
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	D
NAME	WALSH, MARK
STREET ADDRESS	1001 EAST ATLANTIC AVE., STE 202
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/06-00092-025 150.00

**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: Michael Walsh Michael Walsh, Director 1/26/06 (6a) 279-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 4900