

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000013867

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** KEY WEST CULINARY ARTS FESTIVAL, INC.

**Current Principal Place of Business:**

1700 JAMAICA DR  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

1700 JAMAICA DR  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 04-3601817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TALLMADGE, RICHARD  
1700 JAMAICA DR  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TALLMADGE, RICHARD  
Address: 1700 JAMAICA DR  
City-St-Zip: KEY WEST, FL 33040

Title: SD  
Name: TALLMADGE, CATHY  
Address: 1700 JAMAICA DR  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: RICHARD TALLMADGE

PD

03/22/2012

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

\_\_\_\_\_  
Date