# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2008**
**Secretary of State**

DOCUMENT# P02000095442

**Entity Name:** C & N KEY WEST FLORIDA, INC.

**Current Principal Place of Business:**

404 SOUTHARD STREET
KEY WEST, FL 33040

**New Principal Place of Business:**

628 WILLIAM STREET REAR
KEY WEST, FL 33040

**Current Mailing Address:**

P.O. BOX 87
EGG HARBOR, WI 54209

**New Mailing Address:**

**FEI Number: 75-3077894** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

POLLMAN, NOREEN
628 WILLIAM ST. REAR
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: PTD ( ) Delete
Name: POLLMAN, NOREEN
Address: 7105 COUNTY B
City-St-Zip: EGG HARBOR, WI 54235

Title: SD ( ) Delete
Name: POLLMAN, DAVID R
Address: 1213 WASHINGTON STREET
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete
Name: POLLMAN, ROBERT P
Address: 5686 DAUBNER LANE
City-St-Zip: STURGEON BAY, WI 54235

**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:

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: NOREEN POLLMAN PTD 04/14/2008
Electronic Signature of Signing Officer or Director Date