2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133716

CONCH REPUBLIC PASSPORT CONTROL, INC.



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

405 PETRONIA STREET

SHITE 2

KEY WEST, FL 33040 US

Mailing Address

405 PETRONIA STREET

SUITE 2

KEY WEST, FL 33040



DO NOT WRITE IN THIS SPACE

| | 1 | | |
|----------|----------|-----------------|--|
| 01182007 | No Chg-P | CR2E034 (11/05) | |

| 4. | FEI Number | | Applied For |
|----|-------------------------------|----------------|---------------------|
| | 65-1167307 | | Not Applicable |
| 5. | Certificate of Status Desired | \$8.7 Fee R | Additional uired |

6. Name and Address of Current Registered Agent

KIMBERLING, GARYANNE EA 1300 15TH COURT #48

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| KEY WEST, FL 33040 | | | | IN THIS SPACE | | | | |
|--|--|--|-------------------|--------------------------------|--|--|--|--|
| | named entity submits this statement for the pulions of registered agent. | urpose of changing its registere | ed office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title if | applicable (NOTE Registered | d Agent signature | required when reinstating) | DATE | | | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDERSON, PETER 405 PETRONIA STREET, SUITE 2 KEY WEST, FL 33040 | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 000000607074 01/31/07-80022-021 158.75 | | | |
| TITLE NAME | | | 1 | | | | | |

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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, 1 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 a

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME