

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041154

FILED
Apr 27, 2004
Secretary of State

Entity Name: KEY WEST RAINBOW FLAG DOCUMENTARY, INC.

Current Principal Place of Business:

322 ELIZABETH STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

322 ELIZABETH STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 42-1589394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOHRMAN, DARRYL
322 ELIZABETH STREET
KEY WEST, FL 33040

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: ALLEN, JON
Address: 1129 FLEMING STREET
City-St-Zip: KEY WEST, FL 33040

Title: VP () Change (X) Addition
Name: CARRUTHERS, HEATHER
Address: 525 UNITED
City-St-Zip: KEY WEST, FL 33040

Title: TR () Change (X) Addition
Name: SMITH, STEVE
Address: 1525 ATLANTIC BLVD
City-St-Zip: KEY WEST, FL 33040

Title: SC () Change (X) Addition
Name: WARD, JULIAN
Address: 616 FRANCES STREET
City-St-Zip: KEY WEST, FL 33040

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: JON ALLEN

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date