

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000033302

**FILED**  
**Apr 10, 2007**  
**Secretary of State**

**Entity Name:** KEY WEST VACATION CENTER INC

**Current Principal Place of Business:**

1604 SEMINARY STREET  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

4 ARONOVITZ LANE  
KEY WEST, FL 33040 US

**Current Mailing Address:**

1604 SEMINARY STREET  
KEY WEST, FL 33040 US

**New Mailing Address:**

4 ARONOVITZ LANE  
KEY WEST, FL 33040 US

**FEI Number:** 20-2471946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WADE, BARBARA A MS  
1604 SEMINARY STREET  
KEY WEST, FL 33040 US

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

WADE, BARBARA A MS  
4 ARONOVITZ LANE  
KEY WEST, FL 33040 US

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: BARBARA WADE

04/10/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WADE, BARBARA A  
Address: 1423 JOHNSON STREET  
City-St-Zip: KEY WEST, FL 33040 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WADE, BARBARA A  
Address: 4 ARONOVITZ LANE  
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA WADE

P

04/10/2007

Electronic Signature of Signing Officer or Director

Date