## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000110281

Entity Name: MOMENTUM OF KEY WEST, INC.

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1309 ALBURY STREET 827 BAPTIST LANE KEY WEST, FL 33040 DOWNSTAIRS

KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

1309 ALBURY STREET

KEY WEST, FL 33040

827 BAPTIST LANE
DOWNSTAIRS
KEY WEST, FL 33040

FEI Number: 30-0443299 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GEOGHEGAN, NIALL N NIALL G
1309 ALBURY STREET
KEY WEST, FL 33040 US
GEOGHEGAN, NIALL P MR.
419 WILLIAM STREET
1
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: NIALL GEOGHEGAN 03/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition GEOGHEGAN, NIALL P MR. GEOGHEGAN, NIALL P MR. Name: Name: 1309 ALBURY STREET Address: 419 WILLIAM STREET, #1 Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

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: NIALL GEOGHEGAN MR. 03/10/2009