

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000055211

Entity Name: KEY WEST CASINO, INC.

**FILED**  
**May 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

401 LOGAN BLVD. S.  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

401 LOGAN BLVD. S.  
NAPLES, FL 34119 US

**New Mailing Address:**

401 LOGAN BLVD. S.  
NAPLES, FL 34119

FEI Number: 90-0498242

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLY, NANCY S  
401 LOGAN BLVD S  
NAPLES, FL 34119 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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: KELLY, NANCY S  
Address: 401 LOGAN BLVD. S.  
City-St-Zip: NAPLES, FL 34119 US

I hereby 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 all other like empowered.

SIGNATURE: NANCY S. KELLY

DPST

05/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date