

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14818

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** KEY WEST TREASURE EXHIBIT, INC.

**Current Principal Place of Business:**

200 GREENE STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

200 GREENE STREET  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 59-2817395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FISHER, KIM H  
200 GREENE STREET  
KEY WEST, FL 33040 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: P  
Name: FISHER, KIM H  
Address: 200 GREENE STREET  
City-St-Zip: KEY WEST, FL 33040

Title: VPST  
Name: ABT, TAFFI  
Address: 200 GREENE STREET  
City-St-Zip: KEY WEST, FL 33040

Title: VP  
Name: FISHER, JUANITA L  
Address: 200 GREENE STREET  
City-St-Zip: KEY WEST, FL 33040

Title: VP  
Name: FISHER, JONATHAN S  
Address: 200 GREENE STREET  
City-St-Zip: KEY WEST, FL 33040

Title: A ST  
Name: FISHER, JONATHAN S  
Address: 200 GREENE STREET  
City-St-Zip: KEY WEST, FL 33040

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: KIM FISHER

PRES

04/13/2011

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

\_\_\_\_\_  
Date