


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90013 016 \*\*\*150.00

<b>DOCUMENT # P93000026417</b>	
1. Entity Name <b>THE HONORARY CONCH CORPORATION</b>	

Principal Place of Business <b>400 SOUTH ST KEY WEST, FL 33040 US</b>	Mailing Address <b>C/O MATTHEWS &amp; CO 331 MADISON AVE, 8TH FL NEW YORK, NY 10017</b>
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**44018935**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03092004 Chg-P CR2E034 (10/03)

4. FEI Number <b>13-3709212</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>LEAR, ELIZABETH 2903 HARRIS AVENUE KEY WEST, FL 33040</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>D JOHNSON, J. SEWARD</b>
STREET ADDRESS	<b>400 SOUTH STREET</b>
CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>T MATTHEWS, ROBERT</b>
STREET ADDRESS	<b>331 MADISON AVE, 8TH FL</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10017</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>S JOHNSON, JOYCE H</b>
STREET ADDRESS	<b>400 SOUTH STREET</b>
CITY-ST-ZIP	<b>KEY WEST, NY 33040</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date: <b>3/12/04</b>	Daytime Phone #: <b>212 2935100</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		