


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90042 025 ***150.00

DOCUMENT # P93000026417	
1. Entity Name THE HONORARY CONCH CORPORATION	

Principal Place of Business 400 SOUTH ST KEY WEST, FL 33040 US	Mailing Address C/O MATTHEWS & CO 331 MADISON AVE, 8TH FL NEW YORK, NY 10017
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address C/O MATTHEWS & CO 270 MADISON AVE, 16TH FL NEW YORK, NY 10016
City & State	City & State NEW YORK, NY
Zip	Country

	
03092005	Chg-P
CR2E034 (10/03)	
4. FEI Number 13-3709212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEAR, ELIZABETH 2903 HARRIS AVENUE KEY WEST, FL 33040	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, J. SEWARD 400 SOUTH STREET KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTHEWS, ROBERT 331 MADISON AVE, 8TH FL NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTHEWS, ROBERT 270 MADISON AVE, 16TH FL NEW YORK, NY 10016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, JOYCE H 400 SOUTH STREET KEY WEST, NY 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: R. Matthews **R. Matthews** *Trust* **3/10/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #