

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90264 007 ***150.00

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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**

2. Principal Place of Business

3. Mailing Address

C/O MATTHEWS & CO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

270 MADISON AVE - 16TH FL

City & State

City & State

NEW YORK, NY

Zip

Country

Zip

10016

Country

03092006

Chg-P

CR2E034 (11/05)

4. FEI Number

13-3709212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEAR, ELIZABETH
2903 HARRIS AVENUE
KEY WEST, FL 33040**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JOHNSON, J. SEWARD**
STREET ADDRESS **400 SOUTH STREET**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **T** ☐ Delete
NAME **MATTHEWS, ROBERT**
STREET ADDRESS **270 MADISON AVE 16TH FL**
CITY-ST-ZIP **NEW YORK, NY 10017**

TITLE **S** ☐ Delete
NAME **JOHNSON, JOYCE H**
STREET ADDRESS **400 SOUTH STREET**
CITY-ST-ZIP **KEY WEST, NY 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT MATTHEWS

3/14/06

Date

**212
2935100**

Daytime Phone #