

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000056226**

**1. Entity Name**  
**GREETINGS FROM KEY WEST, INC.**



**Principal Place of Business**  
**819 PEACOCK PL**  
**KEY WEST, FL 33040 US**

**Mailing Address**  
**819 PEACOCK PL**  
**KEY WEST, FL 33040 US**



04072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>65-0431449</b>	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**HARMAN, WILLIAM B**  
**819 PEACOCK PL**  
**KEY WEST, FL 33040**

**DO NOT WRITE  
IN THIS SPACE**

**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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be**  
**Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>HARMAN, WILLIAM B</b>
<b>STREET ADDRESS</b>	<b>68 BAY DRIVE - BAY POINT</b>
<b>CITY-ST-ZIP</b>	<b>KEY WEST, FL 33040</b>

<b>TITLE</b>	<b>PVST</b>
<b>NAME</b>	<b>HARMAN, WILLIAM B</b>
<b>STREET ADDRESS</b>	<b>68 BAY DR BAY POINT</b>
<b>CITY-ST-ZIP</b>	<b>KEY WEST, FL 33040</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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<b>CITY-ST-ZIP</b>	

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04/11/05-80050-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*William B. Harman* **WILLIAM B. HARMAN**  
**PRESIDENT**

**4-2-05 305-296-5333**

**Date**

**Daytime Phone #**