


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT# P93000067353
 1. Entity Name
 KEYWESTOCEANSIDEMARINA, INC.



Principal Place of Business 5950 PENINSULA AVE. STOCK ISLAND KEY WEST, FL 33040	Mailing Address 5950 PENINSULA AVE. STOCK ISLAND KEY WEST, FL 33040
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04152004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0442387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WALKER, DOUGLAS G
 5950 PENINSULA AVE.
 STOCK ISLAND
 KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

8. The abovenamed 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 Agents signature required when re-instating) _____ DATE _____
Signature, type or print the name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD WALKER, DOUGLAS G 5950 PENINSULA AVE. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GREENE, ROGER P 5950 PENINSULA AVE KEY WEST, FL
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 04/19/04-80068-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ROGER P. GREENE 4/16/04 305-294-4676
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone# Ext. 103