
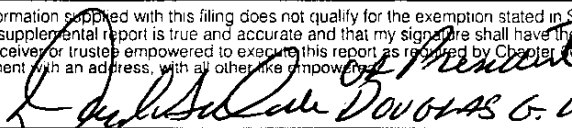


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90231 024 \*\*\*150.00

<b>DOCUMENT # P93000067353</b> 1. Entity Name <b>KEY WEST OCEANSIDE MARINA, INC.</b>					
Principal Place of Business <b>5950 PENINSULA AVE. STOCK ISLAND KEY WEST, FL 33040</b>			Mailing Address <b>5950 PENINSULA AVE. STOCK ISLAND KEY WEST, FL 33040</b>		
2. Principal Place of Business <b>63 TWO TURTLES LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>63 TWO TURTLES LANE</b> Suite, Apt. #, etc.			
City & State <b>KEY WEST, FLORIDA</b> Zip <b>33040</b> Country <b>USA</b>		City & State <b>KEY WEST, FLORIDA</b> Zip <b>33040</b> Country <b>USA</b>		4. FEI Number <b>65-0442387</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WALKER, DOUGLAS G 5950 PENINSULA AVE. STOCK ISLAND KEY WEST, FL 33040</b>			7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>63 Two Turtles Lane</b> City <b>Key West</b> <b>FL</b> Zip Code <b>33040</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WALKER, DOUGLAS G 5950 PENINSULA AVE. KEY WEST, FL 33040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GREENE, ROGER P 5950 PENINSULA AVE KEY WEST, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 107, 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 empowering.					
<b>SIGNATURE:</b>  <b>DOUGLAS G. Walker</b> 4/25/05 305-923-3448 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					