

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000008116

1. Entity Name
SUNSET KEY TRANSPORTATION CORPORATION



Principal Place of Business

**201 FRONT ST.
SUITE 102
KEY WEST, FL 33040**

Mailing Address

**1000 MARKET STREET
BLDG 1
PORTSMOUTH, NH 03802 US**



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0659640

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**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 reinstalling)

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
NAME	WALSH, MICHAEL
STREET ADDRESS	1001 E. ATLANTIC AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	P
NAME	WALSH, MARK
STREET ADDRESS	1001 E. ATLANTIC AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VP
NAME	MCMURRAIN, THOMAS
STREET ADDRESS	1001 E. ATLANTIC AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	S
NAME	CRITCHFIELD, RICHARD
STREET ADDRESS	1001 E. ATLANTIC AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VP
NAME	WALSH, WILLIAM
STREET ADDRESS	1000 MARKET STREET BLDG 1
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000528921
05/05/06-80049-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1/2/06 (561) 279-9900