

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90040 029 ***150.00

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1. Entity Name
KEY WEST BREWERY INC.



Principal Place of Business
1412 FLAGLER AVE.
KEY WEST, FL 33040

Mailing Address
POST OFFICE BOX 6101
KEY WEST, FL 33041

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0730074

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAKIN, JUDY
1412 FLAGLER AVENUE
KEY WEST, FL 33040

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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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
SCHINDLER, MARVIN
STREET ADDRESS
373 STIRRUP KEY BLVD.
CITY-ST-ZIP
MARATHON, FL 33050

TITLE
D
NAME
RIEGER, L. GEORGE
STREET ADDRESS
381 PARK AVENUE S., SUITE 417
CITY-ST-ZIP
NEW YORK, NY 10016

TITLE
PD
NAME
TROTMAN, ARTHUR
STREET ADDRESS
1107 KEY PLAZA
CITY-ST-ZIP
KEY WEST, FL 33040

TITLE
S
NAME
LAKIN, JUDY
STREET ADDRESS
1412 FLAGLER AVENUE
CITY-ST-ZIP
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

Judy A. Lakin **JUDY A. LAKIN** 2/7/06 305 296-9465