

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P96000101099

1. Entity Name
FLORIDA STRAITS CONCH COMPANY



Principal Place of Business

**631 GREENE STREET
KEY WEST, FL 33040 US**

Mailing Address

**631 GREENE STREET
KEY WEST, FL 33040 US**



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0739763

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REED, JAMES W
631 GREENE STREET
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, 2008 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	ROLLINGS, DEAN
STREET ADDRESS	631 GREENE STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	VPD
NAME	PERKINS, W.A. III
STREET ADDRESS	29 DRIFTWOOD DRIVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	PD
NAME	REED, JAMES W
STREET ADDRESS	1475 WINTON ROAD
CITY-ST-ZIP	MOUNT PLEASANT, SC 29464
TITLE	DST
NAME	GUNTHER, JEFFREY C
STREET ADDRESS	17074 KINGFISH LANE WEST
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/08-80025-016 150.00

**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 holder of a trust 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

JEFFREY C. GUNTHER 2/29/08 (305) 294-4403
Date Daytime Phone # X103