

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087047

FILED
Jan 31, 2006
Secretary of State

Entity Name: KEY WEST BANCGROUP, INC.

Current Principal Place of Business:

701 WHITEHEAD STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

701 WHITEHEAD STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0807107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLITENICK, RICHARD M
1009 SIMONTON ST
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOGUE, PHILIP D
Address: 1248 OCEAN DR.
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D () Delete
Name: BROWNING, MICHAEL L
Address: 402 APPELROUTH LANE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: FINIGAN, MARK
Address: 30 CALLE UNO
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: GREEN, MARVA E
Address: 1604 BAHAMA DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: KLITENICK, RICHARD
Address: 1009 SIMONTON ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BOTWAY, CLIFFORD A
Address: 460 BEECHMONT DRIVE
City-St-Zip: NEW YORK, NY 10804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY SECHEN

CFO

01/31/2006

Electronic Signature of Signing Officer or Director

Date