


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000091535
 1. Entity Name
FIRST STATE BANK OF THE FLORIDA KEYS



Principal Place of Business Mailing Address
1201 SIMONTON STREET **1201 SIMONTON STREET**
KEY WEST, FL **KEY WEST, FL**



03162006 No Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
65-0790416 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

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	ARTMAN, GREGORY D
STREET ADDRESS	1547 5TH STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	BERVALDI, FRANK V
STREET ADDRESS	1220 SOUTH STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	BLUM, GARY
STREET ADDRESS	1111 JOHNSON STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	KEMP, WILLIAM O
STREET ADDRESS	141 KEY HAVEN RD
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	PD
NAME	SHARP, KAREN
STREET ADDRESS	1201 SIMONTON STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 04/11/06-80022-018 150.00

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: Karen M. Sharp 3/21/06 305-293-7124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #