

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90008 030 \*\*\*150.00

**DOCUMENT # P97000091535**

1. Entity Name

FIRST STATE BANK OF THE FLORIDA KEYS



Principal Place of Business

1201 SIMONTON STREET  
KEY WEST, FL

Mailing Address

1201 SIMONTON STREET  
KEY WEST, FL

40030590



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0790416

Applied For  
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

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, 2007 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 ~~1114 JOHNSON STREET~~  
CITY-ST-ZIP ~~KEY WEST, FL 33040~~

*Delete*

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**

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.