

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90696 036 ***150.00

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1. Entity Name
KEY WEST INFORMATION SYSTEMS, INC.



Principal Place of Business

~~15 SAPPHIRE DRIVE~~ **3722 N. ROOSEVELT BVD**
KEY WEST, FL 33040

Mailing Address

PO BOX 830
KEY WEST, FL 33041-0830



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0829773

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

THORNBRUGH, LAURA
317 BLACKBREAD ROAD
LITTLE TORCH KEY, FL 33042

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **V Thornbrugh,**
THORNBURG, JAMES
STREET ADDRESS **317 BLACKBEARD RD Blackbeard Rd**
CITY-ST-ZIP **LITTLE TORCH KEY, FL 33042**

TITLE
NAME
STREET ADDRESS **D GRANGER, KENNA**
317 BLACKBEARD RD
CITY-ST-ZIP **LITTLE TORCH KEY, FL 33092**

TITLE
NAME **D**
GRANGER, DEREK
STREET ADDRESS **317 BLACKBEARD RD**
CITY-ST-ZIP **LITTLE THORCH KEY, FL 33042**

TITLE
NAME **P**
Laura Thornbrugh
STREET ADDRESS **317 Blackbeard Rd**
CITY-ST-ZIP **Little Torch Key FL 33042**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

Laura Thornbrugh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

Daytime Phone #