

APR-11-2005 MON 01:24 PM

FAX NO

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90503 011 ***150.00

DOCUMENT # P98000039180					
1. Entity Name KEY WEST INFORMATION SYSTEMS, INC.					
Principal Place of Business 3722 N ROOSEVELT BLVD KEY WEST, FL 33040			Mailing Address PO BOX 830 KEY WEST, FL 33041-0830		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0829773	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable ☐	
6. Name and Address of Current Registered Agent THORNBURGH, LAURA 317 BLACKBEARD ROAD LITTLE TORCH KEY, FL 33042				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 date of filing. (NOTE: Registered Agent signature required when returning.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Treasurer, Secretary, Director, or Officer ☐ Delete THORNBURG, JAMES 317 BLACKBEARD RD LITTLE TORCH KEY, FL 33042		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES THORNBURGH ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete GRANGER, KENNA 317 BLACKBEARD RD LITTLE TORCH KEY, FL 33042		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete GRANGER, DEREK 317 BLACKBEARD RD LITTLE TORCH KEY, FL 33042		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete THORNBURGH, LAURA 317 BLACKBEARD RD LITTLE TORCH KEY, FL 33042		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Laura Thornburgh</i>			4/29/05 3052969023		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		