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FAX NO

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Secretary of State

06-02-2008 90008 021 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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 33040**

40107280



DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0829773

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THORNBRUGH, LAURA
317 BLACKBEARD ROAD
LITTLE TORCH KEY, FL 33042**

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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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
STREET ADDRESS
CITY-ST-ZIP
**V
THORNBRUGH, JAMES
317 BLACKBEARD RD
LITTLE TORCH KEY, FL 33042**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
THORNBRUGH, LAURA
317 BLACKBEARD RD
LITTLE TORCH KEY, FL 33042**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08 305-296-9803

Date

Deponent's Phone #