## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P98000055880 04-26-2004 90497 043 \*\*\*150.00 1. Entity Name KEY WEST CROSSING, INC. Prince of Business Mailing Address 04039758 617 LAKE AVENUE 617 LAKE AVENUE LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 65-0850390 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ernest Dimatting FOSTER, GARRETT Street Address (P.O. Box Number is Not Acceptable) 617 LAKE AVENUE LAKE WORTH, FL 33460 Laxe Avenue worth 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. 1,87BTTINA SIGNATURE. (NOTE: Registered Agent signature requ 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition Ernest Dimatting NAME FOSTER, GARRETT NAME 617 Laxe Avenue **617 LAKE AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP 3346O Lake Worth, FL Delete TITLE TITLE Change ☐ Addition MURRAY, BRIAN NAME NAME **617 LAKE AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 561

FILED