



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90231 029 ***150.00

DOCUMENT # P98000103618 1. Entity Name WALKER KEY WEST PROPERTIES, INC.					
Principal Place of Business 422 FLEMING ST. KEY WEST, FL 33040			Mailing Address 422 FLEMING ST. KEY WEST, FL 33040		
2. Principal Place of Business 63 TWO TURTLE LANE Suite, Apt. #, etc.		3. Mailing Address 63 TWO TURTLES LANE Suite, Apt. #, etc.			
City & State KEY WEST, FLORIDA		City & State KEY WEST, FLORIDA		4. FEI Number 65-0880132	
Zip 33040		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, DOUGLAS G C/O KEY WEST OCEANSIDE MARINA, INC. 5950 PENINSULAR AVENUE KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 63 Two Turtles Lane City Key West FL Zip Code 33040	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT WALKER, DOUGLAS G 422 FLEMING STREET KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 63 TWO TURTLES LANE KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILKINS, ELEANOR L 422 FLEMING STREET KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other life empowered.					
SIGNATURE: <u><i>Douglas G Walker</i></u> DOUGLAS G WALKER 305-923-3448 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/25/05 Day/Time Phone #					