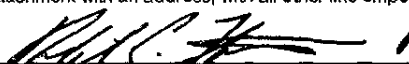


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000062200 1. Entity Name KEY WEST PILOT SERVICES, INC.					
Principal Place of Business POST OFFICE BOX 988 KEY WEST FL 33041			Mailing Address POST OFFICE BOX 988 KEY WEST FL 33041		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0939483	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARDENAS, SUSAN M 221 SIMONTON STREET KEY WEST FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 re-stating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May E Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MAGUIRE, ROBERT W 28 ASTER TERRACE KEY WEST FL 33040	02/03/05-80068-008-150.00			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCGRAW, MICHAEL J 1509 LAIRD ST. KEY WEST FL 33040	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FITZSIMMONS, ROBERT C 205 S POINT DRIVE SUMMERLAND KEY FL 33042	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JOHNSON, JOHNNY K 620 THOMAS STREET #275 KEY WEST FL 33040	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Add			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert C. Fitzsimmons** **2-1-05** **305-296-55**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR