

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # S47655

1. Entity Name
R & S OF KEY WEST, INC.



Principal Place of Business
5671 MACDONALD AVENUE
STOCK ISLAND, FL 33040

Mailing Address
PO BOX 1527
KEY WEST, FL 33041-1527



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0358900 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SMITH, KIT CARSON L
2230 HARRIS AVE
KEY WEST, FL 33040

**DO NOT WRITE
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 Kit Carson Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/2008
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

U000000942789
05/29/08-80033-006 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | P |
| NAME | SMITH, KIT CARSON L |
| STREET ADDRESS | 2230 HARRIS AVENUE |
| CITY-ST-ZIP | KEY WEST, FL 33040 |

| | |
|----------------|--------------------|
| TITLE | VP |
| NAME | EID, STEVEN A |
| STREET ADDRESS | 20 DRIFTWOOD DRIVE |
| CITY-ST-ZIP | KEY WEST, FL 33040 |

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| STREET ADDRESS | |
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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: Kit Carson Smith Kit Carson Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2008
Date

305
296 8267
Daytime Phone #