

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # S78655

1. Entity Name
KEY WEST ALE HOUSE AND RAW BAR, INC.



Principal Place of Business
**2161 PALM BEACH LAKES BLVD.
SUITE 403
WEST PALM BEACH, FL 33409-6613**

Mailing Address
**2161 PALM BEACH LAKES BLVD.
SUITE 403
WEST PALM BEACH, FL 33409-6613**



02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PREEFER, RICHARD
2161 PALM BEACH LAKES BLVD.
SUITE 403
WEST PALM BEACH, FL**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

11000000301873
04/13/05-80048-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PREEFER, RICHARD
STREET ADDRESS	2161 PALM BEACH LAKES
CITY ST ZIP	WEST PALM BEACH, FL6,
TITLE	D
NAME	PREEFER, JAY C
STREET ADDRESS	2161 PALM BEACH LAKES BLVD.
CITY ST ZIP	WEST PALM BEACH, FL 33409
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 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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05
Date

561-689-7706
Daytime Phone #

Richard Prefer