


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90419 013 \*\*\*150.00

**DOCUMENT # F03000005552**

1. Entity Name  
**KEY WEST FL, INC.**




Principal Place of Business  
**2635 E. MILLBROOK ROAD  
 RALEIGH, NC 27603**

Mailing Address  
**P.O. BOX 26006  
 RALEIGH, NC 27611**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



4062006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0324848**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAVRACK, WAYNE D			NAME			
STREET ADDRESS	2635 MILLBROOK ROAD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH, NC 27603			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDNER, JOHN W			NAME			
STREET ADDRESS	2635 MILLBROOK ROAD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH, NC 27603			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUIRLINGER, RICHARD B			NAME			
STREET ADDRESS	2635 MILLBROOK ROAD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH, NC 27603			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, J. HINES III			NAME	Feiman, James S.		
STREET ADDRESS	2635 MILLBROOK ROAD			STREET ADDRESS	2635 Millbrook Rd		
CITY-ST-ZIP	RALEIGH, NC 27603			CITY-ST-ZIP	Raleigh NC 27604		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *James S. Feiman* AS 4/17/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #