


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 657238
 1. Entity Name
KEY LARGO OCEAN RESORTS CO-OP, INC.



Principal Place of Business Mailing Address
94825 OVERSEAS HIGHWAY **94825 OVERSEAS HWY**
KEY LARGO, FL 33037 **KEY LARGO, FL 33037 US**



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1981596 Not Applicable

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

6. Name and Address of Current Registered Agent
SALVA, PEDRO
94825 OVERSEAS HWY
KEY LARGO, FL 33037

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

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

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

1100000258828
 03/10/05-80058-023 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALVA, PEDRO
STREET ADDRESS	94825 OVERSEAS HIGHWAY
CITY-ST-ZIP	KEY LARGO, FL
TITLE	V
NAME	HERNANDEZ, OMAR
STREET ADDRESS	94825 OVERSEAS HIGHWAY
CITY-ST-ZIP	KEY LARGO, FL
TITLE	D
NAME	SANCHEZ, DORA
STREET ADDRESS	94825 OVERSEAS HIGHWAY
CITY-ST-ZIP	KEY LARGO, FL
TITLE	D
NAME	CUENCA, GEORGINA
STREET ADDRESS	94825 OVERSEAS HIGHWAY
CITY-ST-ZIP	KEY LARGO, FL
TITLE	ST
NAME	DE MOLINA, TEODORO
STREET ADDRESS	94825 OVERSEAS HIGHWAY
CITY-ST-ZIP	KEY LARGO, FL 00000,
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)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Pedro Salva, 3-4-05 (405) 850-3118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #