

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90036 007 ***150.00

DOCUMENT # J78193

1. Entity Name

BOYD'S KEY WEST CAMPGROUND, INC.



Principal Place of Business

% ROBERT JONES
6401 MALONEY AVE
KEY WEST FL 33040

Mailing Address

% ROBERT JONES
6401 MALONEY AVE
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2820332**

Applied For
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, ROBERT
6401 MALONEY AVE
KEY WEST FL 33040

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

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

T
NAME JONES, ROBERT W
STREET ADDRESS 6401 MALONEY AVE
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

P
NAME HAMILTON, ELSIE M.
STREET ADDRESS 6401 MALONEY AVE
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

S
NAME HAMILTON, DANIEL
STREET ADDRESS 6901 MALONEY AVE
CITY-ST-ZIP KEY WEST FL ☐ Delete

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

V
NAME HAMILTON, ANDY
STREET ADDRESS 6401 MALONEY AVE
CITY-ST-ZIP KEY WEST FL ☐ Delete

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

V
NAME HAMILTON, HENRY
STREET ADDRESS 6401 MALONEY AVE
CITY-ST-ZIP KEY WEST FL ☐ Delete

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: Robert W. Jones **ROBERT W. JONES** **TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04
Date

305
294-1465
Daytime Phone #