

FILED EP97000091535

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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

04 MAR 30 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66407266



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0790416	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE**6. Name and Address of Current Registered Agent**

Diego Caso
1201 Simonton St
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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, JOSEPH B JR 813 WADDELL AVENUE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTMAN, GREGORY D 1547 5TH STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERVALDI, FRANK V 1220 SOUTH STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUM, GARY 1111 JOHNSON STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMP, WILLIAM O 141 KEY HAVEN RD KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARP, KAREN 1201 SIMONTON STREET KEY WEST, FL 33040

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen M. Sharp

2/17/04

305-293-7102

Date

Daytime Phone