

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 272845

1. Entity Name
FLORIDA KEYS LAND CO., INC.



Principal Place of Business
429 SAWYER DRIVE
SUMMERLAND, FL 33042 US

Mailing Address
4632 LONDON ROAD
SUITE #2
DULUTH, MN 55804

FILED
Jan 12, 2004 08:00 AM
Secretary of State



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1057399

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, LLOYD K
429 SAWYER DRIVE
SUMMERLAND, FL 33042

**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 reinstating)

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	PD
NAME	JOHNSON, LLOYD K.
STREET ADDRESS	429 SAWYER DRIVE
CITY-ST-ZIP	SUMMERLAND, FL 33042
TITLE	VD
NAME	COONS, DARRYL E
STREET ADDRESS	4632 LONDON ROAD, SUITE 2
CITY-ST-ZIP	DULUTH, MN 55804
TITLE	STD
NAME	FITZGIBBONS, BETTY J
STREET ADDRESS	4632 LONDON ROAD, SUITE 2
CITY-ST-ZIP	DULUTH, MN 55804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000012579
01/13/04-80020-014 150.00

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:

Darryl E. Coon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04

DATE

218-525-3244

Daytime Phone #