


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT #411792 1. Entity Name BIG PINE KEY FISHING LODGE INC	
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Principal Place of Business P.O. BOX 513 MARKER 33-OVERSEAS HIGHWAY BIG PINE KEY, FL 33043	Mailing Address P.O. BOX 513 MARKER 33-OVERSEAS HIGHWAY BIG PINE KEY, FL 33043
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1455544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLADWELL, JOAN D
MARKER 33 OVERSEAS HWY
BIG PINE KEY, FL 33043

**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

UD00000127147

04/23/04 00002 010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GLADWELL, BRENDA A MARKER 33 OVERSEAS HWY BIG PINE KEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GLADWELL, JAY MARKER 33 OVERSEAS HWY BIG PINE KEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLADWELL, VICKI MARKER 33 OVERSEAS HWY BIG PINE KEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GLADWELL, JOAN D MARKER 33 OVERSEAS HWY BIG PINE KEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(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

Date

Daytime Phone #

4-20-04 305-872-2351