

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90004 010 \*\*\*158.75

**DOCUMENT # 497034**

1. Entity Name

**CEDAR KEY REALTY, INCORPORATED**



Principal Place of Business

**CEDAR KEY REALTY  
497-2ND STREET  
CEDAR KEY FL 32625  
US**

Mailing Address

**P O BOX 549  
CEDAR KEY FL 32625  
US**

2. Principal Place of Business

**497-2ND ST.  
Suite, Apt. #, etc.  
CEDAR KEY, FLA.  
City & State**

3. Mailing Address

**P.O. BOX 549  
Suite, Apt. #, etc.**

City & State

**Cedar Key Fla.**

**Zip 32625  
Country LEVY**

**Zip 32625  
Country U.S.A.**

4. FEI Number

**59-2898356**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ADKINS, ANNIE J  
497 2 STREET  
CEDAR KEY FL 32625**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME **ADKINS, ANNIE JEAN**  
STREET ADDRESS **497 2ND STREET**  
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE ☐ Delete  
NAME **VP**  
NAME **NESBITT, F. MARIAN**  
STREET ADDRESS **P.O. BOX 802- GULF BLVD., N/A**  
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE ☐ Delete  
NAME **ST**  
NAME **NESBITT, ENDER T**  
STREET ADDRESS **P O BOX 802 - GULF BLVD N/A**  
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ 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:

*Annie Jean Adkins*

**ANNIE JEAN ADKINS**

**JAN30/04 352-543-5146**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #