


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 Mailing Address
CEDAR KEY REALTY **P O BOX 549**
497-2ND STREET **CEDAR KEY FL 32625**
CEDAR KEY FL 32625 **US**
US

2. Principal Place of Business 3. Mailing Address
497-2nd St. **P.O. Box 549**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
CEDAR KEY, FLA.

City & State City & State
Cedar Key Fla.

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



MOORE CR2E034 (11/03)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	ADKINS, ANNIE JEAN	
STREET ADDRESS	497 2ND STREET	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NESBITT, F. MARIAN	
STREET ADDRESS	P.O. BOX 802- GULF BLVD., N/A	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NESSITT, ENDER T	
STREET ADDRESS	P O BOX 802 - GULF BLVD N/A	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #