

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 750287

1. Entity Name
CKL OF CEDAR KEY, INC



Principal Place of Business
809 6TH STREET
CEDAR KEY, FL 32625 US

Mailing Address
P. O. BOX 68
CEDAR KEY, FL 32625 US



03172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2373643

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, RUTH
12710 JERNIGAN AVENUE
CEDAR KEY, FL 32625

**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

**Filing Fee is \$61.25
Due by May 1, 2005**

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
P
WILLIAMSON, MICHAEL
11135 NW 129TH PLACE
CHIEFLAND, FL 32625

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
ADLON, RUSSEL
13701 SW 166 COURT
CEDAR KEY, FL 32625

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
HENDRIX, MAURICE
12870 JERNIGAN AVENUE
CEDAR KEY, FL 32625

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
HERNANDEZ, RUTH
12710 JERNIGAN AVENUE
CEDAR KEY, FL 32625

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BOX, EARL
16340 HODGES AVENUE
CEDAR KEY, FL 32625

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ARNOLD, KEN
11536 NW 16TH PLACE
GAINESVILLE, FL 32606

U00000272680
03/22/05-80014-013 70.00

**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 617, 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:

Ruth E. Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2005

(352)
563-9477
Daytime Phone #