

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90003 023 ****61.25

DOCUMENT # 759753

1. Entity Name
KEYS INDEPENDENT FISHERMEN'S CO-OP INC.



Principal Place of Business

BURDINE'S WATERFRONT
1200 ORANGEVIEW DR. Oceanview Ave
MARATHON, FL 33050

Mailing Address

BURDINE'S WATERFRONT
1200 ORANGEVIEW DR. Oceanview Ave
MARATHON, FL 33050

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DO NOT WRITE IN THIS SPACE

08252004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
25-3323257

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, JOHN H ESQ
2975 OVERSEAS HWY
MARATHON, FL 33050

**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 September 8, 2004

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	DP BURDINE, DOLORES 1200 OCEANVIEW DR Ave MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, GARY 4288 PROGRESS AVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUMMINGS, LILLIAN 1200 OCEANVIEW DR Oceanview Ave MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/04
Date

305-743-5317
Daytime Phone #