2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 759753

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

Principal Place of Business	Mailing Address
BURDINE"S WATERFRONT 1200 OCEANVIEW AVE MARATHON, FL 33050	BURDINE"S WATERFRONT 1200 OCEANVIEW AVE MARATHON, FL 33050

DO NOT WRITE IN THIS SPACE

04142005 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

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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)

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	DP
NAME	BURDINE, DOLORES
STREET ADDRESS	1200 OCEANVIEW AVE
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	D
NAME	MARTIN, GARY
STREET ADDRESS	4288 PROGRESS AVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	SD
NAME	CUMMINGS, LILLIAN
STREET ADDRESS	1200 OCEANVIEW AVE
CITY-ST-ZIP	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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04/18/05-80076-004 61.25

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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: Lillian Cummings 4/14/05 305-743-5217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #