


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

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 760410 1. Entity Name FLORIDA KEYS CONTRACTORS ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 522797 MARATHON SHORES, FL 33057-2797	Mailing Address P.O. BOX 522797 MARATHON SHORES, FL 33057-2797
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, WILLIAM P.
1762 - 74TH STREET
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 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	TD BELL, DOUGLAS 931 LAGOON SUMMERLAND KEY, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, WILLIAM P 1762-74TH STREET MARATHON, FL 33050
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TUTTLE, DAVID 1620 LAMBERT BIG PINE KEY, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BROWN, MICKEL 15 TREASURE ROAD MARATHON, FL 33050
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HILSON, ROBERT 300 ATLANTIC DR. KEY LARGO, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000216592
02/05/05-80054-021 61.25

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-05 (305) 522-0430
Date Daytime Phone #