

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90085 001 ***150.00

DOCUMENT # J53203

1. Entity Name

P.T.V. OF KEY WEST, INC.



Principal Place of Business

3412 DUCK AVE.
KEY WEST FL 33040
US

Mailing Address

P O BOX 5859
KEY WEST FL 33045
US

14000600



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2753018

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, MARIO E., SR.
~~3412~~ DUCK AVE. → 3412
KEY WEST FL 33040

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

Vivian B. Martinez, President, P.T.V. of Key West, Inc.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 VP ☐ Delete

NAME MARTINEZ, DEANNA D

STREET ADDRESS 3412 DUCK AVE.

CITY-ST-ZIP KEY WEST FL 33045

TITLE PD ☐ Delete

NAME MARTINEZ, VIVIAN B

STREET ADDRESS 3412 DUCK AVE.

CITY-ST-ZIP KEY WEST FL 33045

TITLE T ☐ Delete

NAME MARTINEZ, MARIO E JR

STREET ADDRESS 3412 DUCK AVE.

CITY-ST-ZIP KEY WEST FL 33045

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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: *President Vivian B. Martinez* *Vivian B. Martinez* 3/19/04 3052962103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #