

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 15, 2005 08:00 AM  
Secretary of State

DOCUMENT # K20883

1. Entity Name  
COMMODORE KEY, INC.



Principal Place of Business

% ROMY Z. LANCASTER  
% K. M. LANCASTER 50 W MASHTA DR. STE 6  
KEY BISCAYNE, FL 33149-2431 US

Mailing Address

% ROMY Z. LANCASTER  
% K. M. LANCASTER 50 W MASHTA DR. STE 6  
KEY BISCAYNE, FL 33149-2431 US



01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0246664

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LANCASTER, ROMY Z  
% KENNETH M. LANCASTER, CPA, P.A.  
50 WEST MASHTA DR., SUITE 6  
KEY BISCAYNE, FL 33149-2431

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PETRINI, RINALDO  
STREET ADDRESS 50 WEST MASHTA DRIVE, SUITE 6  
CITY-ST-ZIP KEY BISCAYNE, FL 331492431

TITLE VPD  
NAME PETRINI, PATRICIA E  
STREET ADDRESS 50 WEST MASHTA DRIVE, SUITE 6  
CITY-ST-ZIP KEY BISCAYNE, FL 331492431

TITLE STD  
NAME PETRINI, ESTELA  
STREET ADDRESS 50 WEST MASHTA DRIVE, SUITE 6  
CITY-ST-ZIP KEY BISCAYNE, FL 331492431

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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04/15/05-80061-003 150.00

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/05

Daytime Phone #