

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L37336

1. Entity Name
FLORIDA KEYS PETROLEUM, INC.



Principal Place of Business
255 TAVERNIER ST
TAVERNIER, FL 33070 US

Mailing Address
PO BOX 674
TAVERNIER, FL 33070

FILED
Apr 06, 2006 08:00 AM
Secretary of State



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0163536

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BYRUM, WILLIAM DAVID
191 ATLANTIC CIRCLE DRIVE
TAVERNIER, FL 33070

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000494958
04/20/06-80066-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BYRUM, WILLIAM DAVID
STREET ADDRESS	PO BOX 674
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

03-06-06 (305) 522-547

Date

Daytime Phone #