

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

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1. Entity Name

CEDAR KEY CHARTER SERVICE, INC.



Principal Place of Business

11229 E RIVERVIEW DR
RIVERVIEW, FL 33569 US

Mailing Address

11229 E RIVERVIEW DR
RIVERVIEW, FL 33569 US



04062004

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DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3029535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75

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6. Name and Address of Current Registered Agent

SOLANO, ROBERT
11229 E RIVERVIEW DR
RIVERVIEW, FL 33569

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00

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10. OFFICERS AND DIRECTORS

TITLE PS
NAME SOLANO, ROBERT
STREET ADDRESS 11229 E RIVERVIEW DR
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE VP
NAME SOLANO, BRIAN J
STREET ADDRESS 11229 E RIVERVIEW DR
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE
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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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #