

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90229 025 \*\*\*\*70.00

**DOCUMENT # N02000001783**

1. Entity Name  
**LOWER KEYS PIN-TO-WIN INC.**



Principal Place of Business  
~~3965 HALL ROAD~~  
**BIG PINE KEY, FL 33043 US**

Mailing Address  
~~3965 HALL ROAD~~  
**BIG PINE KEY, FL 33043 US**

64010110

2. Principal Place of Business  
**29879 NEWFOUND BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**29879 NEWFOUND BLVD**  
Suite, Apt. #, etc.



04292004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

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**

**SIPES, MICHAEL**  
~~3965 HALL ROAD~~  
**BIG PINE KEY, FL 33043**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**29879 NEWFOUND BLVD**

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

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	T, D SIPES, JOANN	<input type="checkbox"/> Delete
STREET ADDRESS	<del>3965 HALL ROAD</del>	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	
TITLE NAME	P, D SIPES, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	<del>3965 HALL ROAD</del>	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	
TITLE NAME	V, D BOWE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	139 LE GRAND LANE	
CITY-ST-ZIP	CUDJOE KEY, FL 33042	
TITLE NAME	S, D AHLWEDE, TONY	<input type="checkbox"/> Delete
STREET ADDRESS	1200-A GILMORE DR.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>29879 NEWFOUND BLVD</b>
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>29879 NEWFOUND BLVD</b>
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

**4/29/04**

Date

**305-872-1123**

Daytime Phone #