2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003339

1. Entity Name
TRUMAN ANNEX RESIDENTS, INC.

Principal Place of Business	Mailing Address
101 ADMIRALS LN KEY WEST, FL 33040	P.O.BOX 1086 KEY WEST, FL 33041

DO NOT WRITE IN THIS SPACE

04102004 No Chg-NP CR2E037 (10/03)

4. FEI Number
43-1962771
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEE ROBERT ROHE, P.A.,
25000 OVERSEAS HWY STE 2
SUMMERLAND KEY, FL 33042

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000119101
04/19/04-80087-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOODS, JOHN
STREET ADDRESS	P.O.BOX 1086
CITY-ST-ZIP	KEY WEST, FL 33041
TITLE	V
NAME	KIER, VANCE
STREET ADDRESS	P.O. BOX 1776
CITY-ST-ZIP	KEY WEST, FL 33041
TITLE	ST
NAME	NONA, DAN
STREET ADDRESS	401-H EMMA ST
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	COOPER, GEORGE
STREET ADDRESS	316 ADMIRALS LN
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	DUPONT, MARTHA
STREET ADDRESS	P O.BOX 1148
CITY-ST-ZIP	KEY WEST, FL 33041
TITLE	D
NAME	SCHIMMEL, HERBERT
STREET ADDRESS	401 EMMA ST #110
CITY-ST-ZIP	KEY WEST, FL 33040

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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: _____ 4/15/04 (305)-296-9856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #