

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90027 027 ****61.25

DOCUMENT # N04089

1. Entity Name

CEDAR KEY OYSTERMEN'S ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 73
CEDAR KEY FL 32625

Mailing Address

P.O. BOX 73
CEDAR KEY FL 32625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2430993

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BECKHAM, TROY
8531 SW CO. RD. 347
CEDAR KEY FL 32625

7. Name and Address of New Registered Agent

Name

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

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

FILE NOW: 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 PD
NAME BECKHAM, TROY
STREET ADDRESS P.O. BOX 732
CITY-ST-ZIP CEDAR KEY FL 32625 ☐ Delete

TITLE DV
NAME WHEELER, WILLIAM
STREET ADDRESS 8165 SW CO RD 347
CITY-ST-ZIP CEDAR KEY FL 32625 ☐ Delete

TITLE DT
NAME COOKE, RICK
STREET ADDRESS 4071 D STREET
CITY-ST-ZIP CEDAR KEY FL 32625 ☐ Delete

TITLE SD
NAME BECKHAM, ANGIE
STREET ADDRESS P.O. BOX 723
CITY-ST-ZIP CEDAR KEY FL 32625 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
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

RICKY COOKE

3-12-04

Date

352-543-5334

Daytime Phone #