

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004767

1. Entity Name
**FLORIDA KEYS FEDERATION OF CHAMBERS OF
COMMERCE, INC.**



Principal Place of Business
**US HWY ONE, MILE MARKER 31
BIG PINE KEY, FL 33043**

Mailing Address
**P O BOX 430083
BIG PINE KEY, FL 33043**

DO NOT WRITE IN THIS SPACE



04152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2626641

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RECKWERDT, MICHAEL
7 SUKOSHI LANE
ISLAMORADA, FL 33036**

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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 Michael Reckwerdt
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/04
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**

U00000125436
04/22/04-80086-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	FISHER, CAROL A
STREET ADDRESS	30465 SOUTH STREET
CITY-ST-ZIP	BIG PINE KEY, FL 33043
TITLE	DS
NAME	NEEL, MJ
STREET ADDRESS	929 W 75TH STREET OCEAN
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	DP
NAME	RECKWERDT, MICHAEL
STREET ADDRESS	7 SUKOSHI LANE
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	DV
NAME	PANICO, VIRGINIA
STREET ADDRESS	1514 19TH STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: Michael Reckwerdt Michael Reckwerdt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-664-9814
Daytime Phone #