## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000091351

1. Entity Name DUCK KEY HARBOR, INC.

Principal Place of Business

1149 GREENBRAIR ROAD DUCK KEY, FL 33050

DUCK KEY MARINA



Mailir g Address

DUC ( KEY MARINA 114) GREENBRAIR ROAD DUC ( KEY, FL 33050 FILED Mar 18, 2004 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

03012004	No Chg-P	CR2E034 (10/03)	

4. FEI Number Applied For 65-1043966 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, JOHN J 2975 OVERSEAS HIGHWAY MARATHON, FL 33050

## DO NOT WRITE IN THIS SPACE

WARATHON, FL 33000			IN THIS SPACE		
	named entity submits this statement for the priors of registered agent.	urrose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Registered Ag	ent agnature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financial     Trust Fund Contribution.	ū 🗆	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D LIERMANN, MICHAEL 1149 GREENBRIAR ROAD DUCK KEY, FL 33050	TCRS			. <del></del>
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D LIERMANN, MELISSA 1149 GREENBRIAR ROAD DUCK KEY, FL 33050				U00000092186 03/18/04-80039-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TOTLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. If 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 like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/10/14

305-289-016