

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000096742					
1. Entity Name FLORIDA KEYS TRANSPORTATION OF MONROE COUNTY, INC.					
Principal Place of Business 6631 MALONEY AVE KEY WEST, FL 33040			Mailing Address 6631 MALONEY AVE KEY WEST, FL 33040		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01252006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-1048372				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAUNDERS, SCOTT A C.P.A. 6631 MALONEY AVE KEY WEST, FL 33040			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 _____ (NOTE: Registered Agents signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DOELMAN, JAN 615 AMELIA STREET KEY WEST, FL 33040	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	UUUUUU4184G4 02/14/06-80006-020 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD SAUNDERS, SCOTT A FOUR COCONUT DRIVE KEY WEST, FL 33040	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STEVENSON, GLENN 315 AMELIA ST KEY WEST, FL 33040	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <i>Wm. Stevenson</i> 1/27/06 305 294-5705					
SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					