

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 APR 22 PM 12:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA



04132004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1068994** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

FARRELLY, GREGORY G
CATALFOMO & FARRELLY
506 LOUISA STREET
KEY WEST, FL 33040

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, type or printed name of registered agent and file if applicable.

(NOT) Registered Agent signature required when reinstating

DATE

4-13-04

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete

NAME ROBBINS, BRUCE B
STREET ADDRESS #1 CALLE UNO
CITY-ST-ZIP KEY WEST, FL 33040

TITLE STD ☐ Delete

NAME STEVENS, TOYE A
STREET ADDRESS #1 CALLE UNO
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME 100033796401
STREET ADDRESS 04/26/04--01008--007 **61.25
CITY-ST-ZIP

TITLE President ☐ Change ☒ Addition

NAME STEVENS, TOYE A.
STREET ADDRESS #1 CALLE UNO
CITY-ST-ZIP Key West, FL 33040

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

Date

305-293-9330

Daytime Phone #