


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000033709 1. Entity Name WATER'S EDGE OF CEDAR KEY, INC.	
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Principal Place of Business 7690 S.W. SR 24 CEDAR KEY, FL 32625	Mailing Address POST OFFICE BOX 732 CEDAR KEY, FL 32625
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04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3715506	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STANFIELD, BRENDA
7690 S.W. SR 24
CEDAR KEY, FL 32625

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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 ☒ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCJORDAN, BARBARA
STREET ADDRESS	POST OFFICE BOX 732
CITY-ST-ZIP	CEDAR KEY, FL 32625

TITLE	D
NAME	MCJORDAN, WALTON
STREET ADDRESS	POST OFFICE BOX 732
CITY-ST-ZIP	CEDAR KEY, FL 32625

TITLE	D
NAME	MCJORDAN, DOUGLAS
STREET ADDRESS	POST OFFICE BOX 732
CITY-ST-ZIP	CEDAR KEY, FL 32625

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80023-011 150.00

**DO NOT WRITE
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)(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: Walton McJordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05
Date

Daytime Phone #