

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91248 008 ***150.00

DOCUMENT # P02000013130	
1. Entity Name BUCCANEERS OF THE KEYS, INC.	



Principal Place of Business 4530 N. FEDERAL HWY. FT. LAUDERDALE, FL 33308	Mailing Address 4530 N. FEDERAL HWY. FT. LAUDERDALE, FL 33308
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94083393



02032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 2181 E OAKLAND PK BLV Suite, Apt. #, etc. 405 City & State FORT LAUDERDALE FL Zip 33306 Country USA		3. Mailing Address 2181 E OAKLAND PK BLV Suite, Apt. #, etc. 405 City & State FORT LAUDERDALE FL Zip 33306 Country USA	
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4. FEI Number 01-0650939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
COBB, ROBERT E
4530 N. FEDERAL HWY.
FT. LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent
Name
GORDON FRENCH
Street Address (P.O. Box Number is Not Acceptable)
2181 E OAKLAND PK BLV
SUITE 405
City
FORT LAUDERDALE FL
Zip Code
33306

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, the registered agent.

SIGNATURE GORDON FRENCH DATE 2-4-04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$150.00
After May 1, 2004 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	DPS ALLEN, W. SINCLAIR 4530 N. FEDERAL HWY. FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ALLEN, W. SINCLAIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2181 E OAKLAND PK BLV 405 FORT LAUDERDALE FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

BILL ALLEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-04 9541663166
Date Daytime Phone #