

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90002 042 ***550.00

DOCUMENT # P02000016822

1. Entity Name

ALL KEYS GAS SERVICE, INC.



Principal Place of Business

22968 JOHN AVERY LANE
CUDJOE KEY FL 33042

Mailing Address

22968 JOHN AVERY LANE
CUDJOE KEY FL 33042

34063033

2. Principal Place of Business

127 Industrial Blvd

3. Mailing Address

PO Box 420060

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Big Pine Key

City & State

Summerland Key

Zip

33043

Country

USA

Zip

3305

Country



MOORE

CR2E034 (4/04)

4. FEI Number

65-0904865

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSKEY, MIMI
22968 JOHN AVERY LANE
CUDJOE KEY FL 33042

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

Mimi Oskey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-3-04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME OSKEY, ERNIE M
STREET ADDRESS 22968 JOHN AVERY LANE
CITY-ST-ZIP CUDJOE KEY FL 33042 ☐ Delete

TITLE V
NAME OSKEY, META M
STREET ADDRESS 22968 JOHN AVERY LANE
CITY-ST-ZIP CUDJOE KEY FL 33042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 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:

Mimi Oskey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #