

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P02000016822

1. Entity Name
ALL KEYS GAS SERVICE, INC.



Principal Place of Business
**127 INDUSTRIAL BLVD
SUITE B
BIG PINE KEY, FL 33043**

Mailing Address
**PO BOX 420060
SUMMERLAND KEY, FL 33043**



DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

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**

**DO NOT WRITE
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 Mimi Oskey
Signature, typed or printed name of registered agent, and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-05
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 P
NAME OSKEY, ERNIE M
STREET ADDRESS 22968 JOHN AVERY LANE
CITY-ST-ZIP CUDJOE KEY, FL 33042

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/29/05-80116-013 150.00

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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)(f), 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 Mimi Oskey 4-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #