

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90061 020 \*\*\*150.00

**DOCUMENT # P02000087934**

1. Entity Name

**MASTER KEYS CARPENTRY, INC.**



Principal Place of Business

**58 B BAY DR  
KEY WEST FL 33042**

Mailing Address

**58 B BAY DR  
KEY WEST FL 33042**

2. Principal Place of Business

**2301 Flagler Ave.**  
Suite, Apt. #, etc.

3. Mailing Address

**2301 Flagler Ave.**  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

**Key West FL**

City & State

**Key West FL**

4. FEI Number

**52-2370561**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HARDMAN, DAVID B  
2301 FLAGLER AVENUE  
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, 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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BENTON, RUTH  
58 B BAY DR  
KEY WEST FL 33042** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HARDMAN, DAVID B  
2301 FLAGLER AVENUE  
KEY WEST FL 33040** ☐ Delete

TITLE  
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CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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☐ 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:

**David B. Hardman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David B. Hardman**

**4/10/04 305 797 0673**

Date

Daytime Phone #