


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004' 08:00 AM
Secretary of State

DOCUMENT # P02000097425	
1. Entity Name KEY WEST IMPORTS, INC.	

Principal Place of Business 2880 SW 42ND AVENUE PALM CITY, FL 34990 US	Mailing Address 2880 SW 42ND AVENUE PALM CITY, FL 34990 US
--	--

DO NOT WRITE IN THIS SPACE



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1845482	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN, WELLS
4181 SW EGRET POND TERRACE
PALM CITY, FL 34990

**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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000093519
03/22/04-80020-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WELLS, JOHN
STREET ADDRESS	4181 SW EGRET POND TERRACE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	V
NAME	WELLS, RENEE D
STREET ADDRESS	4181 SW EGRET POND TERRACE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	S
NAME	WELLS, RENEE D
STREET ADDRESS	4181 EGRET POND TERRACE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	WELLS, JOHN
STREET ADDRESS	4181 EGRET POND TERRACE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	WELLS, RENEE D
STREET ADDRESS	4181 EGRET POND TERRACE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	T
NAME	WELLS, JOHN
STREET ADDRESS	4181 EGRET POND TERRACE
CITY-ST-ZIP	PALM CITY, FL 34990

**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)(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:

Renee Wells / *John Wells*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2004

Date

772 219-0664

Daytime Phone #