2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90247 048 ***150.00

DOCUMENT # P04000001217

1. Entity Name
MARKET AT CEDAR KEY, INC.

Principal Place of Business	Mailing Address
6760 NIGHTWIND CIRCLE ORLANDO, FL 32818-8841	6760 NIGHTWIND CIRCLE ORLANDO, FL 32818-8841

U04453

02152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7031 D. STREET	P.O. BOX 129
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CEDAR KEY, FL	City & State: CEDAR KEY FL
Zip: 32625 Country: USA	Zip: 32625 Country: USA

4. FEI Number: 11-3110125 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKARUPSKI, BRYAN S 6760 NIGHTWIND CIRCLE ORLANDO, FL 32818-8841	Name: BRYAN S. SKARUPSKI Street Address (P.O. Box Number is Not Acceptable): 16249 ANDREWS CIRCLE City: CEDAR KEY FL Zip Code: 32625

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: BRYAN S. SKARUPSKI Bryan S. Skarupski 4-20-05
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, 2005 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	PVP SKARUPSKI, BRYAN S 6760 NIGHTWIND CIRCLE ORLANDO, FL 328188841	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVP BRYAN S. SKARUPSKI 16249 ANDREWS CIRCLE CEDAR KEY FL 32625	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SKARUPSKI, DARLENE A 6760 NIGHTWIND CIRCLE ORLANDO, FL 328188841	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DARLENE A. SKARUPSKI 16249 ANDREWS CIRCLE CEDAR KEY, FL 32625	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Bryan S. Skarupski BRYAN S. SKARUPSKI 4-20-05 352-543-5354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #