

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90081 017 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000138692

1. Entity Name
LOWER KEYS DEVELOPMENTS INC



40031684

Principal Place of Business
506 LOUISA STREET
KEY WEST, FL 33040 US

Mailing Address
506 LOUISA STREET
KEY WEST, FL 33040 US

2. Principal Place of Business
1229 WHITEHEAD STREET
Suite, Apt. #, etc.

3. Mailing Address
1229 WHITEHEAD STREET
Suite, Apt. #, etc.

City & State
KEY WEST FLORIDA

City & State
KEY WEST FLORIDA

Zip
33040

Country
U.S.A.

Zip
33040

Country
U.S.A.

02232005 Chg-P CR2E034 (10/03)

4. FEI Number
20-2054053

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CATALFOMO, ANTHONY
506 LOUISA STREET
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name
JEFFREY E. ALLEN
Street Address (P.O. Box Number is Not Acceptable)
WARDLOW & ALLEN
3142 NORTHSIDE DRIVE SUITE 201
City
KEY WEST FL Zip Code
33040

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 Jeffrey E. Allen CPA
Signature, typed or printed name of registered agent and title if applicable.

Jeffrey E. Allen CPA
(NOTE: Registered Agent signature required when requesting)

3/9/2005
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DIGBY, STEVEN J MR
1229 WHITEHEAD STREET
KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DIGBY, LISA J MRS
1229 WHITEHEAD STREET
KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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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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☐ 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: Steven James Digby STEVEN JAMES DIGBY 2/23/05 305 293 1325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #