

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # P95000071410

**1. Entity Name
VACA KEY PROPERTIES, INC.**



**Principal Place of Business
3520 OVERSEAS HIGHWAY
MARATHON, FL 33050**

**Mailing Address
P.O. BOX 501884
MARATHON, FL 33050**



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0619754**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**CHRISTOPHER B. WALDERA, P.A.
11300 OVERSEAS HWY
MARATHON, FL 33050**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**

**1000000532120
05/06/06-80072-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DSTP
NAME	DENNIS, KAREN
STREET ADDRESS	2138 HARBOR DRIVE
CITY - ST - ZIP	MARATHON, FL 33050
TITLE	DV
NAME	CINQUE, JUDY
STREET ADDRESS	P.O. BOX 154 N/A
CITY - ST - ZIP	KEY COLONY BEACH, FL 33051
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Karen Dennis* Karen Dennis DSTP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 305 743-4559

Date Daytime Phone #