

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90020 019 ***150.00

DOCUMENT # P96000005614

1. Entity Name

YOUR OTHER OFFICE IN THE KEYS, INC.



Principal Place of Business

93001 OVERSEAS HWY
TAVERNIER FL 33070

Mailing Address

PO BOX 9443
TAVERNIER FL 33070

2. Principal Place of Business

103400 Overseas Hwy

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 243

Suite, Apt. #, etc.

City & State

Key Largo, FL

City & State

Zip

33037

Country

USA

Zip

Country

4. FEI Number

65-0633829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLEY, CYNTHIA L
93001 OVERSEAS HWY
TAVERNIER FL 33070

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	CEO	<input type="checkbox"/> Delete
NAME	CARLEY, FLOYD G	
STREET ADDRESS	109 W. PLAZA GRANADA	
CITY - ST - ZIP	ISLAMORADA FL 33036	
TITLE	VST	<input type="checkbox"/> Delete
NAME	CARLEY, SHARON L	
STREET ADDRESS	109 W. PLAZA GRANADA	
CITY - ST - ZIP	ISLAMORADA FL 33036	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARLEY, CYNTHIA L	
STREET ADDRESS	140 TAVERN DR	
CITY - ST - ZIP	TAVERNIER FL 33070	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Cynthia L. Carley, President 2/4/04 (305) 852-6233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #