

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90047 006 ***150.00

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1. Entity Name
SKYDIVE KEY WEST, INC.



Principal Place of Business
1107 KEY PLAZA #100
KEY WEST, FL 33040

Mailing Address
1107 KEY PLAZA #100
KEY WEST, FL 33040

94058945

2. Principal Place of Business

3. Mailing Address

2196 ALWORTH TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112004

Chg-P

CR2E034 (10/03)

City & State

City & State

WELLINGTON FL

4. FEI Number

65-0652097

Applied For

Not Applicable

Zip

Country

Zip

Country

33414

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

SCHOEMIG, CHRISTIAN
1107 KEY PLAZA, STE 100
KEY WEST, FL 33040

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

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 P
NAME
STREET ADDRESS 1107 KEY PLAZA STE 100
CITY-ST-ZIP KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS 2196 ALWORTH TER.
CITY-ST-ZIP WELLINGTON FL 33414

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #