2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000082058

1. Entity Name
LONGBOAT KEY EQUITIES, INC.

Principal Place of Business	Mailing Address
1800 BEN FRANKLIN DRIVE SUITE B806 SARASOTA, LF 34236	1800 BEN FRANKLIN DRIVE SUITE B806 SARASOTA, LF 34236

DO NOT WRITE IN THIS SPACE

03172005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3469009	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

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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, 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	PT
NAME	FERNANDEZ, IVAN A
STREET ADDRESS	1800 BEN FRANKLIN DR, STE B806
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	VPS
NAME	FERNANDEZ, M S
STREET ADDRESS	1800 BEN FRANKLIN DR, STE B806
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	
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04/19/05-60086-002 150.00

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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: _Miriam S. Fernandes, MIRIAM S. FERNANDEZ ,4/11/05_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #