## 2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT DOCUMENT # P97000106148**

LOQÉ KEY REEF RESORT, INC

Principal Place of Business

MM 28 U.S. #1

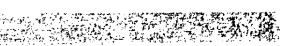
RAMROD KEY, FL 33042

Mailing Address

P.O. BOX 420428

SUMMERLAND KEY, FL 33042

## **FILED** May 03, 2004 08:00 AM Secretary of State





04282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0799950

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN DESQ 5800 OVERSEAS HIGHWAY MARATHON, FL 33050

## DO NOT WRITE IN THIS SPACE

			HT THIS STAGE			
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	d applicable. (NOTE, Registered	Agent signature	e required when reinstating)	OATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, WENDY 867 EAST CARIBBEAN DRIVE SUMMERLAND KEY, FL 33042				U00000151066 05/04/04-80030-025 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GLENN, JOSEPH 867 E CARIBBEAN DR SUMMERLAND KEY, FL 33042				U5/04/04-80030-025 150.00	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		•		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS						

12. I hareby certify that the information supplied with this filling does not quality 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 of truttee emperaged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

306-872-2215