2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000106151

1. Entity Name
LOOE KEY REEF DIVERS, INC.

Principal Place of Business	Mailing Address
MM 28 U.S. #1 RAMROD KEY, FL 33042	P.O. BOX 420428 SUMMERLAND KEY, FL 33042

DO NOT WRITE IN THIS SPACE

04282004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0799956	Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN D ESQ
5800 OVERSEAS HIGHWAY
MARATHON, FL 33050

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	S
NAME	SULLIVAN, WENDY
STREET ADDRESS	867 EAST CARIBBEAN DRIVE
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
TITLE	P
NAME	GLENN, JOSEPH
STREET ADDRESS	867 E CARIBBEAN DR
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Wendy Sullivan_   SECRETARY   4/28/04   305-872-2215

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