


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000073335**  
1. Entity Name  
ISLAND ELECTRIC OF THE FLORIDA KEYS, INC.



Principal Place of Business  
7 CALLE DOS  
KEY WEST, FL 33040

Mailing Address  
P O BOX 5858  
KEY WEST, FL 33040-5858

**DO NOT WRITE IN THIS SPACE**



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0955919

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
SAUNDERS, STACY D  
7 CALLE DOS  
KEY WEST, FL 33040

**DO NOT WRITE IN THIS SPACE**

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 Stacy D Saunders DATE 4/6/04  
Signature, typed or printed name of registered agent and date if applicable (NOTE Registered Agent signature required when reinstating)

**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

U00000115943  
04/16/04-80044-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	SAUNDERS, CHRISTOPHER
STREET ADDRESS	P O BOX 5858
CITY-ST-ZIP	KEY WEST, FL 330455858
TITLE	P
NAME	MEANS, JASON
STREET ADDRESS	P O BOX 5858
CITY-ST-ZIP	KEY WEST, FL 330455858
TITLE	V
NAME	KARASH, MICHAEL
STREET ADDRESS	P O BOX 5858
CITY-ST-ZIP	KEY WEST, FL 330455858
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: Christoph Saunders DATE 4/5/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #