


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90163 005 ***150.00

DOCUMENT # J11139 1. Entity Name FPL HOLDINGS INC	
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Principal Place of Business ATTN: DENNIS P COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 JUNO BEACH, FL 33408 US	Mailing Address ATTN: DENNIS P COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 JUNO BEACH, FL 33408 US
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50024696



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2693420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEON, J E
9250 W. FLAGLER ST.
MIAMI, FL 33174

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 NAME STREET ADDRESS CITY-ST-ZIP	DPS COYLE, DENNIS P 700 UNIVERSE BLVD JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CUTLER, PAUL I 700 UNIVERSE BLVD NORTH PALM BEACH, FL 33408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **Dennis P. Coyle** **02/07/05** **(561) 694-4644**
SIGNATURE AND TYPED OR PRINTED NAME OF BEGINNING OFFICER OR DIRECTOR Date Daytime Phone #