

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J39595

1. Entity Name
PREVIOUSLY OWNED, INC.



Principal Place of Business
**7675 159TH CT. N
PALM BEACH GARDENS FL 33418**

Mailing Address
**P.O. BOX 31886
WEST PALM BEACH FL 33420-1886
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**HAY, BEN
3640 INVESTMENT LN. #21
RIVIERA BEACH FL 33404**

4. FEI Number **65-0039870** Applied For ☐ Not Applicable ☐

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

7. Name and Address of New Registered Agent
Name ~~PREVIOUSLY OWNED, INC BEN HAY~~
Street Address (P.O. Box Number is Not Acceptable)
7675 159TH CT. N.
City **PALM BEACH GARDENS** FL Zip Code **33418**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAY, BEN P.O. BOX 31886 PALM BEACH GARDENS FL 33420-1886	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAY, BETTY P.O. BOX 31886 PALM BEACH GARDENS FL 33420-1886	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: **BEN HAY** *Ben Hay* **3/11/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 1 Daytime Phone # _____