


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000001468  
 1. Entity Name  
 LOCUST PROJECTS, INC.



Principal Place of Business      Mailing Address  
 105 NW 23RD ST                      105 NW 23RD ST  
 MIAMI, FL 33127                      MIAMI, FL 33127

**DO NOT WRITE IN THIS SPACE**



02122005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 65-1134780      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MERKIN, STEWART A ESQ  
 444 BRICKEL AVE, SUITE 300  
 MIAMI, FL 33131

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

000000232233  
 02/16/05-80087-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITHSTANDLEY, ELIZABETH 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARLES, WILLIAM 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOPER, BRYAN 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERG, PAUL 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTLER, JEREMY 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEATER, JOHN 105 NW 23RD ST MIAMI, FL 33127

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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 617, 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: \_\_\_\_\_      Date: 2-11-05      Daytime Phone #: 305 609-5384  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR