

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15171

FILED
Aug 15, 2005
Secretary of State

Entity Name: LADIES ANNUAL FISHOFF, INC.

Current Principal Place of Business:

P.O. BOX 5779
LIGHTHOUSE POINT, FL 33074

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5779
LIGHTHOUSE POINT, FL 33074

New Mailing Address:

FEI Number: 59-2719702 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FITZPATRICK, JULIE
2811 N.E. 48TH STREET
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

STEALY, ROBERTA
1011 NW 7TH STREET
BOCA RATON, FL 33486 US

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.

SIGNATURE: ROBERTA STEALY

08/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHEELER, JULIE
Address: 2240 NE 46 STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: VPD () Delete
Name: STEALY, ROBERTA
Address: 1011 NW 7 STREET
City-St-Zip: BOCA RATON, FL 33486

Title: SD () Delete
Name: LANGDON, KATRINA
Address: 1075 NW 6 AVE
City-St-Zip: BOCA RATON, FL 33432

Title: TD () Delete
Name: SHARP, AMY
Address: 399 NE 23RD ST.
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: LEACH, MIKE
Address: 2243 NE 25 STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY SHARP

TD

08/15/2005

Electronic Signature of Signing Officer or Director

Date