
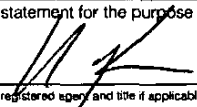
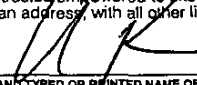


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90018 026 \*\*\*150.00

DOCUMENT # P98000064738			
1. Entity Name 720 CORP.			
Principal Place of Business 7697 COVE TERRACE SARASOTA, FL 34231		Mailing Address P.O. BOX 868 OSPREY, FL 34229	
2. Principal Place of Business 50 Central Ave. Suite, Apt. #, etc. Unit 17B		3. Mailing Address P.O. Box 49586 Suite, Apt. #, etc.	
City & State Sarasota Florida		City & State Sarasota Florida	
Zip 34236	Country USA	Zip 34230	Country USA
4. FEI Number 65-0867468		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 KAPLAN, MARVIN 7697 COVE TERRACE SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name: Marvin Kaplan Street Address (P.O. Box Number is Not Acceptable): 50 Central Ave Unit 17B City: Sarasota FL Zip Code: 34236	
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:  Marvin Kaplan DATE: 3/16/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPLAN, MARVIN 7697 COVE TERRACE SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marvin Kaplan P.O. Box 49586 Sarasota, FL 34230 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Marvin Kaplan		Date: 3/16/05 Daytime Phone #: 941-587-9000	