

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90200 015 ****61.25

DOCUMENT # 702445

1. Entity Name

THE DEAUVILLE INC.



Principal Place of Business

3215 SE 10TH ST
POMPANO BEACH FL 33062

Mailing Address

3215 SE 10TH ST
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-0951676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

OPARA, PEGGY D
3215 SE 10TH ST, #202
POMPANO BEACH FL 33062

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME OPARA, PEGGY D ☒ Delete
STREET ADDRESS 3215 SE 10TH ST
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE V
NAME RIORDAN, HELEN ☒ Delete
STREET ADDRESS 3215 SE 10TH ST
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE T
NAME BEGLEY, EDWARD ☐ Delete
STREET ADDRESS 3215 SE 10TH ST #203
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE D
NAME PERKINS, WAYNE ☐ Delete
STREET ADDRESS 3215 SE 10TH ST #208
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE SD
NAME HORN, DIANE M ☐ Delete
STREET ADDRESS 3215 SE 10TH ST
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE VP
NAME RICK JENNINGS ☐ Delete
STREET ADDRESS 20695 MCCORMICK ST
CITY-ST-ZIP DETROIT, MI 48224

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE P ☒ Change ☐ Addition
NAME PERKINS, WAYNE
STREET ADDRESS 3215 SE 10TH ST #208
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE D ☐ Change ☒ Addition
NAME SAM SLACK
STREET ADDRESS 415 GLEN EAGLES DR.
CITY-ST-ZIP SUMMERVILLE, SC 29483

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

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: *R. Wayne Perkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Feb 21, 2005

Daytime Phone #