## 2005 FOR PROFIT CORPORATION

## Apr 08, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P97000069702 1. Entity Name HILLSBORO INLET PLAZA, INC. . rincipal Place of Business ... Mailing Address 2601 E. OAKLAND PARK BLVD. #303 2601 E. OAKLAND PARK BLVD. #303 FT. LAUDERDALE, FL 33306 FT. LAUDERDALE, FL 33306 CR2E034 (10/03) 01032005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0772699 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RAMSEY, DAVID W DO NOT WRITE 2601 E. OAKLAND PARK BLVD. #303 FT. LAUDERDALE, FL 33306 IN THIS SPACE 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, typod or printed name of registored agent and title if applicable (NOTE Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME RAMSEY, DAVID W 2601 E. OAKLAND PARK BLVD. #303 STREET ADDRESS FT. LAUDERDALE, FL 33306 CITY-ST-ZIP - U00000293899 04/08/05-80046-016 150.00 TITLE QUAILEY, BRUCE A NAME 2601 E. OAKLAND PARK BLVD, #303 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33306 TITLE TESSLER, ERIC NAME 2601 E. QAKLAND PARK BLVD. #303 STREET ADDRESS DO NOT WRITE FT. LAUDERDALE, FL 33306 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

subdied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes. I further certify that the information enter 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information su indicated on this report or supplement of the corporation or the receiver or tru changed, or on an attachment with an

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

David W

954-566-1485

FILED