


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2005 8:00 am**  
**Secretary of State**

09-07-2005 90024 001 \*\*\*\*61.25  
09-07-2005 90024 002 \*\*\*\*\*8.75

<b>DOCUMENT # N03000007430</b>	
1. Entity Name PROTECT OUR NEIGHBORHOODS, INC.	

Principal Place of Business 125 VALENCIA DR ISLAMORADA, FL 33036	Mailing Address 125 VALENCIA DR ISLAMORADA, FL 33036
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2. Principal Place of Business 200 AVOCADO ST Suite, Apt. #, etc. P.O. BOX 1169	3. Mailing Address 200 AVOCADO ST Suite, Apt. #, etc. PO BOX 1169
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City & State ISLAMORADA, FL.	City & State ISLAMORADA, FL.
Zip 33036	Country MONROE

bb040310



05192005 Chg-NP CR2E037 (10/03)

4. FEI Number 74-3110169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WYATT, JACK 125 VALENCIA DR ISLAMORADA, FL 33036	7. Name and Address of New Registered Agent Name MARBY CAUSEY Street Address (P.O. Box Number is Not Acceptable) 200 AVOCADO ST. City ISLAMORADA, FL Zip Code 33036
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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 Marby Causey (MARBY CAUSEY) August 30, 2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, JAMES D 173 OJIBWAY AVE TAVERNIER, FL 33070 <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	PD WYATT, JACK 125 VALENCIA DR ISLAMORADA, FL 33036 <input checked="" 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	ST PRESIDENT CAUSEY, MARBY P O BOX 1169 ISLAMORADA, FL 33036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARBY CAUSEY P.O. BOX 1169 ISLAMORADA, FL. 33036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLMUTH, RICH CAPT 211 MOHAWK ST TAVERNIER, FL 33070 <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	D WIGHTMAN, EDDIE CAPT 15 SOUTH DRIVE ISLAMORADA, FL 33036 <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	D BARTHET, PATRICK 200 S BISCAYNE BLVD, STE 1800 MIAMI, FL 33131 <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 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: Marby Causey (MARBY CAUSEY) August 30, 2005 / 305-664-9779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #