

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90102 039 ***150.00

20032962



03292005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1098407

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIBERT, JACK
1280 S.W. 36TH AVE. #301
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	KRAMER, ROBERT	
STREET ADDRESS	1280 SW 36 AVE., #301	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DIBERT, JACK	
STREET ADDRESS	1280 SW 36 AVE #301	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARRON, ROBERT	
STREET ADDRESS	1280 SW 36 AVE., #301	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HALLIDAY, DON	
STREET ADDRESS	1280 SW 36 AVE., #301	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FREDERICK, CARROL	
STREET ADDRESS	1280 SW 36 AVE. #301	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, ROBERT	
STREET ADDRESS	1280 SW 36 AVE #301	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRON, ROBERT	
STREET ADDRESS	1280 SW 36 AVE #301	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLIDAY, DONALD	
STREET ADDRESS	1280 SW 36 AVE 301	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Robert J. Kramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2005
Date Daytime Phone #