

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90570 016 \*\*\*150.00

20036564



01272005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-1220485

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DAVELL, WILLIAM C  
ONE FINANCIAL PLAZA  
SUITE #2602  
FORT LAUDERDALE, FL 33394

## 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	D	<input checked="" type="checkbox"/> Delete
NAME	DANIEL, STEVEN	
STREET ADDRESS	10124 RAMBLE WOOD DR	
CITY-ST-ZIP	POMPANO BEACH, FL 33071	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHEELER, RICHARD	
STREET ADDRESS	1530 SW 15TH TERR	
CITY-ST-ZIP	FORT LAUDERDALE, FL	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	VAN DE BOGART, SCOTT	
STREET ADDRESS	18253 NW 15 LANE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	V	<input type="checkbox"/> Delete
NAME	PETITT, WILLIAM	
STREET ADDRESS	421 SW 54TH AVE	
CITY-ST-ZIP	PLANTATION, FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BALIN, PALMELA	
STREET ADDRESS	2632 NE 6 ST.	
CITY-ST-ZIP	POMPANO BCH., FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DANIEL, STEVEN	
STREET ADDRESS	10124 RAMBLEWOOD DR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	COO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNCAN, CRAIG	
STREET ADDRESS	99 SE WIZNER BLVD # 843	
CITY-ST-ZIP	Boca RATON FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, STEVEN	
STREET ADDRESS	865 NW 124 <sup>TH</sup> AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15-05

954-523-2573