


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90798 001 ***361.25

DOCUMENT # 393369 1. Entity Name FRENCH QUARTER RECREATION CENTER, INC.					
Principal Place of Business 408 N.W. 70 AVE. PLANTATION, FL 33317			Mailing Address 408 N.W. 70 AVE. PLANTATION, FL 33317 <i>c/o PHOENIX Mgmt.</i>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>4780 N. St. Rd. 7</i> <i>E 250</i> City & State <i>LAUDERDALE LAKES, FL</i> Zip <i>33319</i> Country <i>U.S.</i>			
City & State Zip		Country		4. FEI Number 59-1506106	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COKER, BILL 334 NW 69TH AVE SUITE 296 PLANTATION, FL 33317			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRAWFORD, BOBBIE 304 NW 69TH AVENUE #155 PLANTATION, FL 33317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECKMAN, ALAN 326 NW 69TH AVENUE #143 PLANTATION, FL 33317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ODOM, WAYNE 424 NW 69TH AVENUE #122 PLANTATION, FL 33317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COKER, BILL 334 NW 69TH AVENUE #296 PLANTATION, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>William Coker</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>4-10-05</i> Daytime Phone #: <i>954-791-1850</i>					

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FL Zip Code