


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90052 045 \*\*\*150.00

<b>DOCUMENT # 397695</b> 1. Entity Name 3217 COLONY CLUB RD., INC	
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Principal Place of Business 3217 COLONY CLUB ROAD APT. 3 POMPANO BEACH, FL 33062	Mailing Address 3217 COLONY CLUB ROAD APT. 3 POMPANO BEACH, FL 33062
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**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCHREIDER, RHODA  
3217 COLONY CLUB ROAD  
APT. 3  
POMPANO BEACH, FL 33062

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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 *Rhoda Schreider* (NOTE: Registered Agent signature required when renouncing)  
Signature, typed or printed name of registered agent and title if applicable. DATE Jan 23, 2005

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARFF, WILLIAM N 411 N. DAYTON - LAKEVIEW ROAD NEW CARLISLE, OH 453442149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHREIDER, RHODA 3217 COLONY CLUB ROAD, APT. 3 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESIDENT DOUBLIER, RENE 181 FEARRINGTON POST PITTSBORO, NC 27312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Rhoda Schreider* RHODA SCHREIDER 1/23/05 954 761-1577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #