

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 404722

1. Entity Name
STUDIO EAST, INC.



Principal Place of Business
**74 NE 4TH AVE
#3
DELRAY BEACH, FL 33483 US**

Mailing Address
**74 NE 4TH AVE
#3
DELRAY BEACH, FL 33483 US**



DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1407739** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LITTLE, S DEAN
727 CURLEW ROAD
DELRAY BEACH, FL 33444**

**DO NOT WRITE
IN THIS SPACE**

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**
NAME **GESSLER, CARL J**
STREET ADDRESS **2710 YALE LN.**
CITY-ST-ZIP **BOYNTON BCH, FL 00000,**

TITLE **STD**
NAME **LITTLE, DEBORAH G**
STREET ADDRESS **727 CURLEW ROAD**
CITY-ST-ZIP **DELRAY BCH, FL 00000,**

TITLE **PD**
NAME **LITTLE, S DEAN**
STREET ADDRESS **727 CURLEW ROAD**
CITY-ST-ZIP **DELRAY BCH, FL 00000,**

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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IN THIS SPACE**

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

S. Dean Little, Pres.

1-7-05

(561-279-4727)

Date

Daytime Phone #