

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 532281**

1. Entity Name  
631 NORTH A1A CORP.



Principal Place of Business  
8008 S. FLAGLER CT.  
WEST PALM BCH, FL 33405 US

Mailing Address  
712 U.S. HIGHWAY 1  
SUITE 230  
NORTH PALM BEACH, FL 33408 US



**DO NOT WRITE IN THIS SPACE**

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1754351

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MEISEL, KEITH W P.A.  
712 US HWY ONE  
STE 230  
N PALM BCH, FL 33408

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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 PD  
NAME METZ, JOHN C  
STREET ADDRESS 8008 S. FLAGLER COURT  
CITY-ST-ZIP W. PALM BEACH, FL 33405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U00000335064  
04/27/05-80059-010 150.00

**DO NOT WRITE  
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)(f), 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

4/22/05  
Date

(561) 684-2101  
Daytime Phone #