## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 11, 2005 08:00 AM **DOCUMENT # 573280 Secretary of State** 1. Entity Name GEORGE F. HESS, II. P.A. Mailing Address Principal Place of Business 333 N. NEW RIVER DR. E. 333 N. NEW RIVER DR. E. **STE 1000** STE 1000 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-1827440 Not Applicab Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama HESS, GEORGE F. II Street Address (P.O. Box Number is Not Acceptable) 333 N NEW RIVER DR E, STE 1000 FORT LAUDERDALE FL 33301 Zip Code FL 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 famillar 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 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PDS HILE Change ☐ Addition 1110 Delete HESS, GEORGE F., II MAAAF STREET ADDRESS STREET ADDRESS 333 N NEW RIVER DR E, STE 1000 CITY-ST-71P FT, LAUDERDALE FL CUY-SE-ZIE Change ☐ Addition HILLE ☐ Delete 1:11 HESS, GEORGE F., II MARAF NAME STREET ADDRESS STREET ADDRESS 333 N NEW RIVER DR E, STE 1000 FT LAUDERDALE, FL 00000 CITY-ST-ZIP CUTY-ST-ZIP ☐ Change ☐ Addition ☐ Defete Hill MAM STREET ADDRESS STREET ADDRESS CHY-ST-ZIF CHTY-ST-ZIP Change ☐ Delete ☐ Addition HHE NAME U00000225469 02/11/05-80039-018 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP ☐ Change ☐ Delete Addition IIILE MASAF STREET ADDRESS STHEFT ADDRESS CHY-SI-AP Chir-S1-2iP Change Addition Hill ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS ENV. SI-NP CITY-ST-71P 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 it 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

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

954-764-2068