**2005 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

THE THE AND THE CONTRIBUTION HAME OF FIGHING OFFICER OR DIRECTOR

ANNUAL REPORT (AR)					FILED		
DOCUMENT # 601688  1. Entity Name				AT S	Jan 29, 2005 08:00 AM Secretary of State		
DEVITT,	THISTLE & DEVITT, P.A.				Secretar	y of State	
Principal Plac	ce of Business	Mailing Address			131		7 . 37
30 SE 4TH AVENUE DELRAY BEACH FL 33483		30 SE 4TH AVENUE DELRAY BEACH FL 33483					
2. Principal f	Place of Business	3. Mailing Address	· · · <del></del> -				
Suite, Apt. #, etc		Suite, Apt #, etc.			1 st MOORE CR2E034 (10/04)		
City & State		City & State			4. FFI Number Applied For		
Zip Country		· Zip Country		*****	59-1276218	No	ot Applicab
			Louin	uy	5. Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Curren	t Registered Agent	·-···	Name	7. Name and Address of New Re	gistered Agent	<del></del> _
30 9	VITT, FRED B SE 4TH AVE	Street Address		P.O. Box Number is Not Acceptable)	<del>-,,</del>	<del></del>	
DEL	_RAY DEACH FL 33444						
				City		FL Zip Cod	
8. The above the obligat	e named entity submits this statement to tions of registered agent.	or the purpose of changing it	s registere	ed office of register	ed agent, or both, in the State of Flori	da. I am familiar with,	and accep
SIGNATURE	Signature typed or printed name of registered agen	t and title if applicable (NO	TE Regislere	d Agent signature required	when reinstating)	DATE	<del></del>
	TLE NOW!!! FEE IS \$150.00		· ·		9. Election Campaig		00 May Be
	`May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department ∈	4			Trust Fund Contr		ed to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11
HILE	PTD	☐ Delete	TOTAL E	i i		☐ Change	☐ Additio
NAME STRFFT ADDRESS CITY+ST-ZIP	DEVITT, FRED B JR 729 S. OCEAN BLVD. DELRAY BCH. FL			FFADDRESS -ST-7IP	U00000203- 01/29/05-800;	441 28-024 150 or	1
TUTLE	SD .	☐ Dejele	ute	<del></del>	20, 20, 20, 20, 20, 20, 20, 20, 20, 20,	☐ Change	J ☐ Addibe
NAME execut appears	THISTLE, J. JEFFREY		NAM(				
CITY-ST-ZIP	DELRAY BEACH, FL 00000			ET ADORESS - ST-ZIP			
TITLE	D DELUTE STEED D. III	☐ Delete	bur	l l	•	Change	Addilli
NAME STREET ADDRESS	DEVITT, FRED B III 3030 N OCEAN BLVD		NAME STREE	: Filaðdregs			
CITY-ST-ZIP	GULFSTREAM FL		•	ST-7IP			
TITLE		☐ Delete	THE			☐ Change	Addisc.
NAME			NAME	l			
STREET ADDRESS CITY ST-ZIP				ELADORESS SI-ZIP			
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NAME STREET ADDRESS			NAME	·			
CITY-SI-ZIP			•	ST-7IP			
IIILE	<del></del>	☐ Delete	TITLE	<del></del>		Change	Addition
NAME			NAME	· (		C. Change	<b></b>
STREET ADDRESS CITY ST ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 AUDRESS		,	
	position that the intermedial are to the	atili atti a Maria ili ancioni di seria.		ST-ZIP	12 110 4770) 75 75 15 15	704	<del></del>
indicated of the cor changed,	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp , or on an attachment with an address,	n this filing does not qualify for strue and accurate and that in owered to execute this report with an other like empowered	or the exer my signate t as requir I,	nption stated in Sec ure shall have the s ed by Chapter 607,	ction 119.07(3)(i), Florida Statutes. I fi ame legal effect as if made under oa , Florida Statutes, and that my name a	urther certify that the in th; that I am an officer appears in Block 10 or	iformation or director Block 11 ii
SIGNAT	I //	Bol.				561-276~	

Daytme Phone #