2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 21, 2005 08:00 AM

DOCUI 1. Entity Nam IRA C. HA	e	# 679513 R., P.A.					Sec	retary	of Sta	ate
Principal Plac	e of Busines	is '	Mailing Address		.,					
1701 HW A1	A		1701 HW A1A							
220 Vero BCH, F	L 32963	T. US	220 Vero Beach, FL 32	VERO BEACH, FL 32963 US			11 (1885) (1816) BUIL HUID (18	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		III
2. Principal Place of Business			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Chg-P	CR2E034	· ·	
City & State			City & State			4. FEI Numb			Applied Not App	olicable
Zip		Country	Zip	Cour	ntry	5. Certificate	e of Status Desired		.75 Additions Required	il
6. Name and Address of Current Registered Agent					Name	7. Name an	d Address of New R	egistered Age	nt	
COASTAL CORPORATE SERVICES, INC.										
1701 HWY VERO BCI			•		Street Address (P.O. Box Number is Not Acceptable)					
VERO BO.	.,,, _ 02.	,,,,	. • • • • • •	-						
1			,		City			FL	Zip Code	
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, lypod or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE										
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								ļ		
10.		OFFICERS	AND DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF			
TITLE	PD	IDA C ID	☐ Delețe	TUTL NAM				_	Change	Addition
NAME Street address	1701 HWY A1A STE 220				EET ADDRESS					
CITY-ST-ZIP	VERO BEACH, FL 32963				Y-ST-ZIP			199751		4.150
TITLE Name	☐ Delete				.E AE	000000189051 Change Add 01/24/05-80078-016 150.00			Addition	
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP	<u> </u>			CITY	Y-ST-ZIP				Change []	Addition
TITLE Name			☐ Delete	NAM				_	Ollarige L.	ACCINION
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP TITLE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Delete	IIIL	Y-ST-ZIP				Change 🗀	Addition
NAME				NAM	AE			_		
STREET ADDRESS CITY-ST-ZIP					EET AODRESS Y-ST-ZIP					
TITLE			Delete	TITL					Change []	Addition
NAME				NAV						Ì
STREET ADDRESS City-St-Zip					EET ADDRESS /-ST-ZIP					
TITLE			☐ Delete	TITL	E	<u>-</u>			Change 🔲	Addition
NAME STREET ADDRESS				NAM Stri	1E EET Address					
C:TY-ST-ZIP				CITY	r-ST-ZIP					-
12. I hereby o	certify that the	e information supplied	with this filing does not qualify	for the exe	emption stated in t	Section 119.07(3)	(i), Florida Statutes.	I further certify loath; that I am	hat the informa	ation
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this received 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: ira C. Hatch/13/05 772/234-4711										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Prone #										