

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90047 032 \*\*\*\*61.25

**DOCUMENT # 705175**

1. Entity Name

HIBISCUS TERRACE, INC.



Principal Place of Business

2400 N E 36TH ST  
LIGHTHOUSE POINT FL 33064

Mailing Address

2400 N E 36TH ST  
LIGHTHOUSE POINT FL 33064

**50012419**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, ROBERT M. JR.  
2400 NE 36TH ST #4  
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name

GREGORY, ANTHONY

Street Address (P.O. Box Number is Not Acceptable)

2400 NE 36th Street #7

City Lighthouse Point

FL

Zip Code

33064

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

*Hartshorn B Gregory* PRESIDENT

*Feb 3 2005*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME SULLIVAN, ROBERT M. JR.  
STREET ADDRESS 2400 NE 36TH ST #4  
CITY-ST-ZIP LIGHTHOUSE PT, FL 00000 33064

TITLE SD ☐ Delete  
NAME FLAMMIA, NANCY  
STREET ADDRESS 2400 NE 36TH ST #3  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE VTD ☒ Delete  
NAME FERGUSON, EARL  
STREET ADDRESS 2400 NE 36TH ST APT 12  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE D ☐ Delete  
NAME MILLER, JANE  
STREET ADDRESS 2400 NE 36TH ST APT 8  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE D ☒ Delete  
NAME GREGORY, ANTHONY  
STREET ADDRESS 2400 NE 36TH #7  
CITY-ST-ZIP LIGHTHOUSE PT FL 33064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTD ☐ Change ☒ Addition  
NAME Sullivan, Janet  
STREET ADDRESS 2400 NE 36th St #4  
CITY-ST-ZIP Lighthouse Point, FL 33064

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition  
NAME Gregory, Hartshorn B.  
STREET ADDRESS 2400 NE 36th St #7  
CITY-ST-ZIP Lighthouse Point, FL 33064

TITLE D ☐ Change ☒ Addition  
NAME Fairchild, Joy  
STREET ADDRESS 2400 NE 36th St #1  
CITY-ST-ZIP Lighthouse Point, FL 33064

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 617, 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:** *Janet M Sullivan* *JANET M SULLIVAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-3-05*

Date

*954-782-3450*

Daytime Phone #