

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90018 012 ****61.25

DOCUMENT # 715888

1. Entity Name
LOCAL 725 HOLDING CORPORATION, INC.



Principal Place of Business
13185 N.W. 45TH AVENUE
OPA LOCKA, FL 33054

Mailing Address
13185 N.W. 45TH AVENUE
OPA LOCKA, FL 33054



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05102005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0665289

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONLEY, JAMES H
13185 NW 45TH AVENUE
OPA LOCKA, FL 33054

Name

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

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

James H. Conley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-10-05

Filing Fee is \$61.25
Due by September 7, 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	PTD	<input type="checkbox"/> Delete
NAME	CONLEY, JAMES H	
STREET ADDRESS	13185 N.W. 45TH AVENUE	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, SAMUEL L	
STREET ADDRESS	13185 N.W. 45TH AVENUE	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RYDER, MICHAEL H	
STREET ADDRESS	13185 N.W. 45TH AVENUE	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROY V JR	
STREET ADDRESS	13185 N.W. 45TH AVE.	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, KENNETH E JR	
STREET ADDRESS	13185 NW 45TH AVE.	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	L. ARTHUR WARREN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13185 NW 45 AVE	
STREET ADDRESS	OPA-LOCKA, FL 33054	
CITY-ST-ZIP		
TITLE	JAMES E. TAYLOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13185 NW 45 Avenue	
STREET ADDRESS	OPA-LOCKA, FL 33054	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

James H. Conley

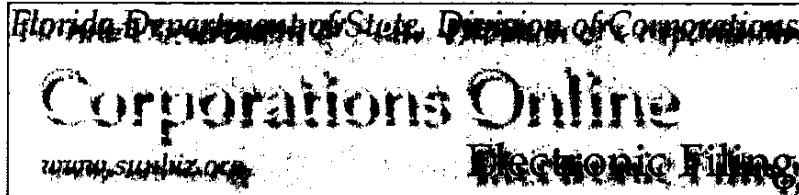
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-10-05

Daytime Phone #

#715888



Sunbiz E-file Account Application

Account Name: LOCAL 725 HOLDING CORORATION, INC.E-mail Address: lu725@earthlink.netMailing Address: 13185 NW 45th AvenueCity: Opa Locka State: FL Zip: 33054Phone: (305) 681 - 8596 Fax: (305) 688 - 1139Contact Person: James H. ConleySignature: James H. ConleyPassword: acunion

(minimum length - 4 characters, maximum 12 characters)

*** An account number will be E-mailed to you as soon as the application is processed ***

Mailing Address

Division of Corporations

Public Access Accounts

P.O. Box 6327

Tallahassee, FL 32314

Courier Address

Division of Corporations

Public Access Accounts

409 E. Gaines Street

Tallahassee, FL 32399

Sunbiz Home Page