


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

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

02-09-2005 90038 025 \*\*\*\*61.25

<b>DOCUMENT # 744775</b> 1. Entity Name <b>MAISON DE MER, INC.</b>						
Principal Place of Business <b>545 ORTON AVE # 1 FORT LAUDERDALE FL 33304</b>			Mailing Address <b>545 ORTON AVE # 1 FORT LAUDERDALE FL 33304</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1721 N. Victoria Park Rd</b> Suite, Apt. #, etc.				
City & State <b>Port Lauderdale, FL</b>		City & State <b>Port Lauderdale, FL</b>		4. FEI Number <b>NO-T APPLICABLE</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
Zip <b>33305</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>JACKLICH, LANCE 543 ORTON AVENUE #6 FT. LAUDERDALE FL 33304</b>			7. Name and Address of New Registered Agent Name <b>Jacklich, Lance</b> Street Address (P.O. Box Number is Not Acceptable) <b>1721 N. Victoria Park Rd</b> City <b>Port Lauderdale</b> <b>FL</b> Zip Code <b>33305</b>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKLICH, LANCE 543 ORTON AVENUE #6 FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lance Jacklich 1721 N. Victoria Park Rd Fort Lauderdale, FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PELCHAT, DENISE 545 ORTON AVENUE #1 FT LAUDERDALE FL 33304	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Shannon Jacklich 1721 N. Victoria Park Rd Port Lauderdale, FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PELCHAT, REMI 545 ORTON AVENUE #1 FT LAUDERDALE FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.						
<b>SIGNATURE:</b> 			<b>1/25/05</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			