


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90282 011 ****61.25

DOCUMENT # 746425		
1. Entity Name F.D.N.Y. RETIRED, INC.		

Principal Place of Business P.O. BOX 76 PORT RICHEY, FL 34673-7076	Mailing Address P.O. BOX 76 PORT RICHEY, FL 34673-7076
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20041891



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03222005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent	
CAMERON, KEVIN M 9472 NAKOMA WAY BROOKSVILLE, FL 34613	

7. Name and Address of New Registered Agent	
Name <u>JAMES SCHUPPEL</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3166 LAKE PINE WAY SOUTH APT B-2</u>	
City <u>TARPON SPRINGS</u>	FL <u>34688</u>

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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <u>4/19/05</u>

Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARRY, JAMES 8209 CALVALRY DR BAYONET POINT, FL 346672510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHN L. MURPHY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10074-HUCKLEBERRY DR. SPRING HILL FL 34608-7146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEVIN, CAMERON 9472 NAKOMA WAY BROOKSVILLE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES SCHUPPEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3166 LAKE PINEWAY SOUTH TARPON SPRING FLA 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARFORD, JAMES 10815 UNION DR PORT RICHEY, FL 346682144 <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	TD ALLEN, LESLIE 2242 PINWOOD VILLAS DR HOLIDAY, FL 34691 <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.	
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4-20-05</u> Date
DAYTIME PHONE # <u>727-936-3676</u> Daytime Phone #	