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

FILED
Feb 25, 2005 8:00 am
Secretary of State
01-25-2005 90038 039 *****8.75
02-25-2005 90145 015 ****52.50

DOCUMENT # 766880

1. Entity Name

FERN HOUSE, INC.

Principal Place of Business	Mailing Address
1958 CHURCH ST WEST PALM BEACH FL 33409	1958 CHURCH ST WEST PALM BEACH FL 33409

1st MOORE CR2E037 (10/04)

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

4. FEI Number 59-2286556 ☐ Applied For ☐ Not Applicable

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
ARSENAULT GERARD 109 S ARCHOREAGE N PALM BEACH FL 33408	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD NEFZGER, MICHAEL 1060 S MILLTHARP WEST PALM BCH FL 38415	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD Considine, Joseph 921 PASEO PLAMETTO WEST Palm BEACH FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD CONSIDINE, JOSEPH 921 PASEO PLAMETTO WEST PALM BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD MICHAEL GAUGER 19482 AUTUMN Wellington FL 33414	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRABLE, PETER 804 N OLIVE WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED MCGREEVY, JOHN P 818 C-1 SKY PINE WY W PALM BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ARSENAULT, GERALD 800 N FLAGER DR WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 1-9-05 561-471-0430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #