## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jul 18, 2005 8:00 am Secretary of State DOCUMENT # F43377 1. Entity Name 07-18-2005 90040 024 \*\*\*150.00 CLUBHOUSE PUBLISHING, INC. Principal Place of Business Mailing Address 330 SOUTH PINEAPPLE AVE 330 SOUTH PINEAPPLE AVE 205 205 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 07082005 Cha-P Applied For City & State City & State 4. FEI Number Not Applicable 59-2124188 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEAN, JIMMY 601 S OSPREY AVE SARASOTA, FL 34230 8. The above named entity submits this space of 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. of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE ☐ Delete TITLE DEAN, JIMMY 330 SOUTH PINEAPPLE AVE NAME NAME STREET ADDRESS 601 SOUTH OSPREY AVE STREET ADDRESS CITY-ST-7IP SARASOTA FL CITY-ST-ZIP ☐ Addition DS ☐ Delete TITLE TITLE A DANIEL, PAMELA V. NAME NAME SOUTH PINEAPPLE AVE STREET ADDRESS STREET ADDRESS **601 SOUTH OSPREY AVENUE** CITY-ST-ZiP CITY-ST-7IP SARASOTA, FL TITI F Change ☐ Addition TITLE ☐ Delete NAME DENTON, DANIEL J NAME STREET ADDRESS STREET ADDRESS **601 SOUTH OSPREY AVE** SARASOTA, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 of trustee empowered to execute this report as required by Chapter 607, 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**