

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90078 039 ***150.00

DOCUMENT # G53016

1. Entity Name
CURTIS TRUST, INC.



Principal Place of Business

**8716 LANTANE CT
CAPE CANAVERAL, FL 32920 US**

Mailing Address

**P.O. BOX 540941
MERRITT ISLAND, FL 32954-0941 US**

20017762



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2856684

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUCAS, RONALD J
976 BREVARD AVENUE, SUITE A
ROCKLEDGE, FL 32955**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILL, MICHAEL
STREET ADDRESS	BOX 540941 N/A
CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	D
NAME	HILL, ANN
STREET ADDRESS	BOX 540941
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	S
NAME	HILL, JEREMY
STREET ADDRESS	PO BOX 540941
CITY-ST-ZIP	MERRITT ISLAND, FL 32954

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 25TH 2005

Date

Daytime Phone #