2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED **DOCUMENT # G80378** Feb 21, 2005 08:00 AM 1. Entity Name **Secretary of State** EVELYN & ARTHUR, INC. Mailing Address Principal Place of Business 100 NORTH COUNTY ROAD PALM BEACH FL 33480 100 NORTH COUNTY ROAD PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4, FEI Number 59-2398038 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEWIS, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 7677 BELLA VERDE WAY **DELRAY BEACH FL 33446** Zip Code FL 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 fille if applicable (NOTE Registered Argent Signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE TITLE ☐ Delete 100000239720 LEWIS. ARTHUR NAME NAME 02/23/05-80001-002 150.00 7677 BELLA VERDE WAY STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Addition ☐ Change THLE Delete TITLE MAME WEISSMAN, ADRIANNE NAME STREET ADORESS STREET ADDRESS 5900 OUR ROBBIES RD. City-St-7iP JUPITER FL 33458 CITY - ST - ZIP ☐ Addition Change TITLE Delete TITLE NAME WEISSMAN, FREDRIC NAME STREET ADDRESS STREET ADDRESS 5900 OUR ROBBIES RD. CITY-ST-ZIP CRY-ST-ZIP JUPITER FL 33458 Change Arlıfdi. TITLE TITLE ☐ Delete MITCHELL LEWIS NAME NAME 7764 MONTECITO PL. STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33446 CITY-ST-ZIP CITY-ST-ZIP VΡ Acidita Change Delete TITLE TITLE JAYNE LEWIS NAME NAME 7764 MONTECITO PL. STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33446 CITY-ST-ZIP CITY-ST-ZIP Adding. Change ☐ Delete TITLE NAME STREET ADDRESS STREFT ADDRESS CHY-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)(f), 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 changed, or on an attachment with an address, with all other like empowered.