


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G98499**  
 1. Entity Name  
**POMPANO ISLAND CORPORATION**



Principal Place of Business  
**221 W OAKLAND PARK BLVD**  
**FT LAUDERDALE, FL 33311 US**

Mailing Address  
**P.O. BOX 950**  
**FORT LAUDERDALE, FL 33302 US**

**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0354605** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MITCHELL DON**  
**221 W OAKLAND PARK BLVD**  
**FORT LAUDERDALE, FL 33311**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering) 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	P
NAME	MITCHELL, DON
STREET ADDRESS	221 W OAKLAND PARK BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	GADDIS, JESSE P.
STREET ADDRESS	221 W OAKLAND PARK BLVD
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	SD
NAME	MORGAMAN, PHILIP E
STREET ADDRESS	221 W OAKLAND PARK BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/26/05-80082-009 150.00

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **DON MITCHELL** **4/8/05** **(954) 565-8900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #