


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # G98499 1. Entity Name POMPANO ISLAND CORPORATION	
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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
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0354605	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MITCHELL DON 221 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311
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**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 reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, DON 221 W OAKLAND PARK BLVD FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADDIS, JESSE P. 221 W OAKLAND PARK BLVD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAMAN, PHILIP E 221 W OAKLAND PARK BLVD FT LAUDERDALE, FL
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04/26/05-80082-009 150.00

**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)(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