


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90102 020 \*\*\*150.00

<b>DOCUMENT # H57832</b> 1. Entity Name <b>DOWN-A-SUB, INC.</b>	
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Principal Place of Business 4901 GROVER'S RD. P O BOX 1351 FT. PIERCE FL 34954	Mailing Address 4901 GROVER'S RD. P O BOX 1351 FT. PIERCE FL 34954
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business <i>1008 B Seaway Dr</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Ft. Pierce, FL</i>	City & State
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4. FEI Number <b>59-2538201</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <i>34950</i>	Country <i>St. Lucie</i>	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>PRIEST, EVERETT V.</b> 4901 GROVER'S RD (POB 1351) FT. PIERCE FL 33451

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	ST PRIEST, BETTY ANN 4901 GROVER'S RD. FT. PIERCE FL <input type="checkbox"/> Delete
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	P PRIEST, EVERETT 4901 GROVER'S RD. FT. PIERCE FL <input type="checkbox"/> Delete
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Everett V. Priest E. Everett V. Priest 4/29/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #