2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 20, 2005 8:00 am \_\_\_\_ Secretary of State DOCUMENT # H91625 1. Entity Name 04-20-2005 90342 013 \*\*\*158.75 GWENEE, INC. Mailing Address Principal Place of Business 732 NE 3RD ST POMPANO BCH FL 33060 732 NE 3RD ST POMPANO BCH FL 33060 2. Principal Place of Business 3. Mailing Address . Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2616354 Deertiel Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired X 3441 USA 33441 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>ollier</u> CHESHIRE, WOODROW W 732 NE THIRD ST POMPANO BEACH FL 33060 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 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. Change ☐ Addition TITLE TITLE Delete GWEN C Collier 11 SE 4th Avenue CHESHIRE, ANGIE M. NAME NAME STREET ADDRESS **732 N.E. 3 STREET** STREET ADDRESS POMPANO BCH. FL CITY-ST-7IP Deerfield Beach, FL 33441 CITY-ST-ZIP VST TITLE Delete TITLE Change Ch Addition CHESHIRE, W.W. NAME Guen C Collier NAME STREET ADDRESS 732 N.E. 3 STREET 71 SE 4 m Avenue STREET ADDRESS POMPANO BCH. FL CITY-ST-ZIP CITY-ST-7IP Deerfield Beach, FL 33441 **AST** □ Delete TITLE Change ■ Addition TITLE NAME NAME COLLIER, GWEN C. :Ronald\_J.\_Gironda. STREET ADDRESS STREET ADORESS 71 S.E. FOURTH AVENUE 19270 Wood Sage Drive CITY-ST-ZIP DEERFIELD BCH. FL CITY-ST-7IP FL 33647 ☐ Change Addition TITLE Delete THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP Addition TITLE ☐ Delete HILE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-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)(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

FILED