


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90163 005 \*\*\*150.00

<b>DOCUMENT # J11139</b> 1. Entity Name FPL HOLDINGS INC	
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Principal Place of Business ATTN: DENNIS P COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 JUNO BEACH, FL 33408 US	Mailing Address ATTN: DENNIS P COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 JUNO BEACH, FL 33408 US
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**50024696**



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2693420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LEON, J E  
9250 W. FLAGLER ST.  
MIAMI, FL 33174

**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 reinstating)

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	DPS COYLE, DENNIS P 700 UNIVERSE BLVD JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CUTLER, PAUL I 700 UNIVERSE BLVD NORTH PALM BEACH, FL 33408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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:**

Dennis P. Coyle

02/07/05

(561) 694-4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #