

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # J17125
 1. Entity Name
 SHORELINE FOUNDATION, INC.



Principal Place of Business Mailing Address
 2781 SW 56TH AVE 2781 SW 56TH AVE
 PEMBROKE, FL 33023 PEMBROKE, FL 33023

DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2695595	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROYO, JAMES A.
 1316 NW 127TH AVE
 SUNRISE, FL 33323

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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 _____
Signature, typed or printed name of registered agent and title if applicable

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	DVP REED, BARRY S. 11060 SW 23RD STREET DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCGEE, JOHN R. 11050 SW 23RD STREET DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROYO, JAMES A. 1316 NW 127TH AVENUE SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BETANCOURT, MICHAEL 541 LAKESIDE CIRCLE SUNRISE, FL 33236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/09/05-80069-006 158.75

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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: James A. Royo - Pres Date: 4/6/05 Daytime Phone #: 954-985-0160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR