

**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**



04062005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2695595**      Not Applicable

5. Certificate of Status Desired      ☒ **\$8.75 Additional  
Fee Required**

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

**ROYO, JAMES A.**  
**1316 NW 127TH AVE**  
**SUNRISE, FL 33323**

**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      DVP  
NAME      REED, BARRY S.  
STREET ADDRESS      11060 SW 23RD STREET  
CITY-STATE-ZIP      DAVIE, FL 33328

TITLE      DVP  
NAME      MCGEE, JOHN R.  
STREET ADDRESS      11050 SW 23RD STREET  
CITY-STATE-ZIP      DAVIE, FL 33328

TITLE      DP  
NAME      ROYO, JAMES A.  
STREET ADDRESS      1316 NW 127TH AVENUE  
CITY-STATE-ZIP      SUNRISE, FL

TITLE      DVP  
NAME      BETANCOURT, MICHAEL  
STREET ADDRESS      541 LAKESIDE CIRCLE  
CITY-STATE-ZIP      SUNRISE, FL 33236

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1100000296437  
04/09/05-80069-006 158.75

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James A Royo - pres*      4/6/05      954-985-0460