

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90183 041 \*\*\*150.00

40023560



02112005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-2664245

Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONAN, ELIZABETH P ESQ.  
CORNETT, GOOGE, ROSS & EARLE, P.A.  
401 EAST OSCEOLA STREET  
STUART, FL 34994

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PORTER, HOMER	
STREET ADDRESS	11055 SE FEDERAL HWY #33	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PHILLIPS, ELLIOT	
STREET ADDRESS	11055 SE FEDERAL HWY, #51	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POTTER, GRACE	
STREET ADDRESS	11055 SE FEDERAL HWY, #20	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDEN, NORMAN	
STREET ADDRESS	11055 SE FED HWY UNIT 43	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOAK, SAM	
STREET ADDRESS	11055 SE FED. HWY #31	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PREVILL, ELIZABETH	
STREET ADDRESS	11055 SE FEDERAL HWY, #92	
CITY-ST-ZIP	HOBE SOUND, FL 33455	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JD CURTIS, NORMA	
STREET ADDRESS	11055 SE Federal Hwy # 14	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIKE, CHARLES	
STREET ADDRESS	11055 SE Federal Hwy # 47	
CITY-ST-ZIP	HOBE SOUND, FL 33455	

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 other like empowered.

SIGNATURE: *Elliot A. Phillips* TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05

Date

545-7823

Daytime Phone #

ELLIOT A. Phillips

ATTACHMENT

40023560

# J22484

D  
SPINNEY, EDWARD  
11055 SE Federal Hwy # 96  
Hobe Sound, FL 33455

D  
KILROY, ROBERT  
11055 SE Federal Hwy # 50  
Hobe Sound, FL 33455

D  
FULLER, JOAN  
11055 SE Federal Hwy # 54  
~~Hobe Sound, FL 33455~~