

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90017 003 \*\*\*550.00

<b>DOCUMENT # L13603</b> 1. Entity Name <b>CORAL SANDS MOTEL, INC.</b>						
Principal Place of Business 1009 OCEAN SHORE BLVD ORMOND BEACH, FL 32176 US			Mailing Address 94 WATER ST. STONINGTON, CT 06378 US			
2. Principal Place of Business		3. Mailing Address <b>395 S. Atlantic Ave</b> <b>#103</b>				
Suite, Apt. #, etc.		City & State <b>Ormond Beach, FL</b>		4. FEI Number <b>59-2968910</b>		
City & State		Zip <b>32176</b>		Country <b>USA</b>		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>DUFFETT, HENRY P</b> <b>120 EAST GRANADA BLVD</b> <b>ORMOND BEACH, FL 32175</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDC BARRES, PAULINE D 94 WATER ST. STONINGTON, CT		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDC BARRES, PAULINE D 395 S. Atlantic Ave #103 Ormond Beach, FL 32176	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
(Empty row for additional officers/directors)						
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(Empty row for additional officers/directors)						
(Empty row for additional officers/directors)						
(Empty row for additional officers/directors)						
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: <u>Pauline Barres</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/14/05 (386) 235-7981 <small>Date Daytime Phone #</small>			