


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90148 007 ***150.00

DOCUMENT # M43129	
1. Entity Name TOWNE OAKS, INC.	

Principal Place of Business 1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33431 US	Mailing Address 1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33431 US
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20029494



2. Principal Place of Business 2255 Glades Rd.	3. Mailing Address 2255 Glades Rd.
Suite, Apt. #, etc. 321A	Suite, Apt. #, etc. Suite 321A
City & State Boca Raton, Fl	City & State Boca Raton, Fl
Zip 33431	Country U.S.A.

01172005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2753551		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GREENBERG, MARTIN F 1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33431		
7. Name and Address of New Registered Agent Name BRESLOW, RICHARD H. Street Address (P.O. Box Number is Not Acceptable) 2255 Glades Rd. Suite 321A City Boca Raton FL Zip Code 33431		

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 *Richard H. Breslow* **RICHARD H. BRESLOW** DATE **3-7-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENBERG, MARTIN F 1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENBERG, MARTIN F. 2255 Glades Rd., Suite 321A Boca Raton, Fl 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Martin F. Greenberg* **MARTIN F. GREENBERG, PRESIDENT** DATE **3-7-05** DAYTIME PHONE # **561-347-8585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR