

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90136 049 ***150.00

DOCUMENT # M49112

1. Entity Name
CIRCLE NEWS, INC.



Principal Place of Business

~~14037 BEDFORD DR~~
#107
DELRAY BEACH, FL 33446

Mailing Address

~~14037 BEDFORD DR~~
#107
DELRAY BEACH, FL 33446

50008802



2. Principal Place of Business

14307 Bedford DR
Suite, Apt. #, etc.
#107

3. Mailing Address

SAME
Suite, Apt. #, etc.
SAME

01212005 Chg-P CR2E034 (10/03)

City & State

DELRAY Beach FL.
Zip
33446 Country
Palm Beach

City & State

SAME
Zip
SAME Country
SAME

4. FEI Number
59-2806794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOVA RENEE
~~14037 BEDFORD DR~~ **14307 Bedford DR.**
107
DELRAY BEACH, FL 33446

7. Name and Address of New Registered Agent

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 **Renee Bova** **Renee Bova** **1/28/05**
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	DP	<input type="checkbox"/> Delete
NAME	BOVA, RENEE	
STREET ADDRESS	7080 N.W. 30TH ST. #409 14307 Bedford DR. #107	
CITY-ST-ZIP	LAUDERMILL, FL DELRAY BEACH, FL 33446	
TITLE	VST	<input type="checkbox"/> Delete
NAME	PHILIP BOVA	
STREET ADDRESS	7080 NW 50TH ST. #409 SAME AS ABOVE	
CITY-ST-ZIP	LAUDERMILL, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOVA, RICHARD A	
STREET ADDRESS	7403 LANGSTON CT.	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Renee Bova** **Renee Bova** **1/28/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #