


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90087 023 ****61.25

DOCUMENT # N00000002145
1. Entity Name
IT'S HAPPENING DOWNTOWN, INC.




Principal Place of Business Mailing Address
**101 EAST PARK AVE
LAKE WALES FL 33853** **101 EAST PARK AVE
LAKE WALES FL 33853**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-3643696 Not Applicable

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

6. Name and Address of Current Registered Agent
**CLIFF, TANJES
101 EAST PARK AVE
LAKE WALES FL 33853**

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

FILE NOW: FEE IS \$61.25
Due By, May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TONJES, CLIFF	
STREET ADDRESS	101 EAST PARK AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BEAR, GARY	
STREET ADDRESS	203 EAST STUART AVENUE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TYLER, MARY	
STREET ADDRESS	247 E PARK AVENUE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PADGETT, SARAH	
STREET ADDRESS	247 E PARK AVENUE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEAR, GARY	
STREET ADDRESS	203 E. STUART AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYER, MAX	
STREET ADDRESS	201 E. STUART AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 617, 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: *CLIFF TONJES*
Cliff Tonjes Date: *4/22/05* Daytime Phone #: *863-676-7278*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #