## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000979

FILED Apr 06, 2005 Secretary of State

Entity Name: SPONGE ASSOCIATES OF FLORIDA, INC.					
Current Principal Place of Business:				New Principal Place of Business:	
26 WEST P TARPON S	ARK ST. PRINGS, FL	. 34689			
Current Mailing Address:				New Mailing Address:	
26 WEST P TARPON S	ARK ST. PRINGS, FL	. 34689			
FEI Number:	59-3642714	FEI N	umber Applied For() FEI Nu	ımber Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
BILLIRIS, G 26 WEST P TARPON S		. 34689	US		
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.					
SIGNATURE:					
Electronic Signature of Registered Agent					Date
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$	
Title: Name: Address: City-St-Zip:	D ( SEBAUGH, FF 523 ANCLOTE TARPON SPR	ERD	34689	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( LOVE, JEFF PO BOX 2064 TARPON SPR		34688	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( DILLIS, GEOF 3331 SAFFOF TARPON SPR	RD AVE	34680	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF LOVE D 04/06/2005