


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90019 006 \*\*\*\*61.25

<b>DOCUMENT # N02000000601</b> 1. Entity Name DAMASCUS ROAD PROJECT, INC.					
Principal Place of Business 345 N.E. WASHINGTON ST. LAKE CITY, FL 32055			Mailing Address PO BOX 3153 LAKE CITY, FL 32056-3153		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 01-0574944	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOLLINGSWORTH, KAMARA RT. 15 BOX 4106 LAKE CITY, FL 32024				7. Name and Address of New Registered Agent Name <u>Victor D. Cole</u> Street Address (P.O. Box Number is Not Acceptable) <u>RT 22 BOX 2334</u> <u>LAKE CITY, FL</u> City <u>LAKE CITY</u> <u>FL</u> Zip Code <u>32024</u>	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>02-22-05</u>					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD COLE, VICTOR D RT 22 BOX 2334 LAKE CITY, FL 32024	<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	T GRIFFEN, TOMMASINE 700 NE LEON ST. LAKE CITY, FL 32055	<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	T BROWN, KENNETH 862 NE COLDWATER LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Everett PO Box 1233 LAKE CITY, FL 32056 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAKE, BARBARA PO BOX 765 LAKE CITY, FL 32056	<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	T BROWN, PAULA 862 NE COLDWATER LAKE CITY, FL 32056	<input checked="" 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	T SMITH, JAYE PO BOX 2208 LAKE CITY, FL 32056	<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 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02-22-05 386-752-1830 Date Daytime Phone #		

50055095



02162005 Chg-NP CR2E037 (10/03)

\$8.75 Additional  
Fee Required