

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002433

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: ABOVE ALL NAMES, INC.

**Current Principal Place of Business:**

14843 68 ST NORTH  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

14843 68 ST NORTH  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 20-0887616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOPER, RUTH  
14843 68 ST NORTH  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

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:**

Title: DP ( ) Delete  
Name: COOPER, RUTH  
Address: 14843 68 ST NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DV ( ) Delete  
Name: WIGGINS, JESSE  
Address: 3709 B SAVOY LN  
City-St-Zip: WEST PALM BCH, FL 33417

Title: DST ( ) Delete  
Name: ROSE, EVA  
Address: 1007 SEMINOLE BLVD  
City-St-Zip: LAKE PARK, FL 33403

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RUTH COOPER

DP

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date