


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90557 034 \*\*\*\*61.25

<b>DOCUMENT # N04000006419</b>	
1. Entity Name <b>FLORIDA'S FINEST CLUB, INC.</b>	

Principal Place of Business <b>699 ALOHA AVENUE COCOA, FL 32927</b>	Mailing Address <b>699 ALOHA AVENUE COCOA, FL 32927</b>
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2. Principal Place of Business <b>Same as Above</b>		3. Mailing Address <b>Same As Above</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country <b>USA</b>	Zip	Country <b>USA</b>



03292005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>201060731</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>WILLIAMS-GRINSTEAD, SONYA A 699 ALOHA AVENUE COCOA, FL 32927</b>		7. Name and Address of New Registered Agent Name <b>Same As Current Registered Agent</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 *Sonya A. Williams-Grinstead* *Sonya A. Williams* *Shel* **3/31/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WILLIAMS-GRINSTEAD, SONYA 699 ALOHA AVENUE COCOA, FL 32927</b> <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	<b>V JENKINS, ALFRED 699 ALOHA AVENUE COCOA, FL 32927</b> <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	<b>V LEWIS, WAYNE 699 ALOHA AVENUE COCOA, FL 32927</b> <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	<b>S SMITH, SHALANDA 699 ALOHA AVENUE COCOA, FL 32927</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GARDNER, ELWOOD 699 ALOHA AVENUE COCOA, FL 32927</b> <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	<b>T GUILFORD, TIFFANY 699 ALOHA AVENUE COCOA, FL 32927</b> <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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>Guilford, Toni 699 Aloha Avenue Cocoa, Fl 32927</b>	

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:** *Sonya A. Williams-Grinstead* *Sonya A. Williams* *Shel* **3/31/05 321-639-6153**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #