

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008634

FILED
Feb 28, 2005
Secretary of State

Entity Name: THE PEBBLES FOUNDATION, INC.

Current Principal Place of Business:

742 MULBERRY AVENUE
CELEBRATION, FL 34747 US

New Principal Place of Business:

914 JASMINE STREET
CELEBRATION, FL 34747 US

Current Mailing Address:

742 MULBERRY AVENUE
CELEBRATION, FL 34747 US

New Mailing Address:

914 JASMINE STREET
CELEBRATION, FL 34747 US

FEI Number: 20-1684516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILMORE, LISA J
742 MULBERRY AVENUE
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

GILMORE, LISA J
914 JASMINE STREET
CELEBRATION, FL 34747 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:

02/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: GILMORE, LISA J
Address: 742 MULBERRY AVENUE
City-St-Zip: CELEBRATION, FL 34747 US

Title: VP,D () Delete
Name: MALATINO, ROBIN
Address: 717 EAST LAWN DRIVE
City-St-Zip: CELEBRATION, FL 34747 US

Title: T,D () Delete
Name: HAWK, KIM
Address: 500 CELEBRATION AVENUE
City-St-Zip: CELEBRATION, FL 34747 US

Title: S,D () Delete
Name: DEOBLER, LYNN
Address: 510 GOLFPARK DRIVE
City-St-Zip: CELEBRATION, FL 34747 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: GILMORE, LISA J
Address: 914 JASMINE STREET
City-St-Zip: CELEBRATION, FL 34747 US

Title: VP,D (X) Change () Addition
Name: MALATINO, ROBIN
Address: 1072 NASH DRIVE
City-St-Zip: CELEBRATION, FL 34747 US

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: LISA J. GILMORE

P, D

02/28/2005

Electronic Signature of Signing Officer or Director

Date