

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N48549

1. Entity Name

FLOAT PLAN FOUNDATION, INC.



FILED

04 SEP -8 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2175 MARINA MILE ROAD
AT MARINA BAY
FT. LAUDERDALE FL 33312
US

Mailing Address
1535 MORNINGSIDE DR.
MOUNT DORA FL 32757

2. Principal Place of Business

1535 MORNINGSIDE DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MOUNT DORA FL

City & State

Zip
32757

Country
USA

Zip

Country

4. FEI Number

65-0338583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONIS, HENRY
679 N.E. 77 ST.
MIAMI FL 33138

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FARMER, DONALD
STREET ADDRESS 1535 MORNINGSIDE DR.
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE STP ☐ Delete
NAME BONIS, HENRY
STREET ADDRESS 679 N.E. 77TH ST.
CITY-ST-ZIP MIAMI FL 33138

TITLE D ☒ Delete
NAME HOFFMAN, MICHAEL
STREET ADDRESS 19553 SEDGEFIELD TERR.
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000041131890
CITY-ST-ZIP 09/17/04--01086--005 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME GREGORY DAIL
STREET ADDRESS 2210 WICKVA VILLAGE GANE
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Donald Farmer DONALD FARMER

9-7-09 352-455-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #