

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000001155

1. Entity Name
MODEL-A'S, INC.



Principal Place of Business
**348 EDEN ROAD
PALM BEACH, FL 33480**

Mailing Address
**C/O ALAN LINSAY
P.O. BOX 431
PALM BEACH, FL 33480**



02282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0648341

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DONNELLEY, ELLIOTT R
348 EDEN ROAD
PALM BEACH, FL 33480**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DONNELLEY, ELLIOTT R
STREET ADDRESS	348 EDEN ROAD
CITY- ST- ZIP	PALM BEACH, FL
TITLE	DV
NAME	LINSAY, ALAN
STREET ADDRESS	321 ROYAL POINCIANA PLAZA
CITY- ST- ZIP	PALM BEACH, FL 33480
TITLE	PST
NAME	DONNELLEY, ELLIOTT R
STREET ADDRESS	348 EDEN ROAD
CITY- ST- ZIP	PALM BEACH, FL
TITLE	DV
NAME	DONNELLEY, SHAWN
STREET ADDRESS	321 ROYAL POINCIANA PLAZA
CITY- ST- ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	BAKER, DAVID H
STREET ADDRESS	321 ROYAL POINCIANA PLAZA
CITY- ST- ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000256081
03/08/05-80043-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2, 2005

(561) 659-1770

Date

Daytime Phone #