

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-31-2005 90013 037 \*\*\*\*61.25

**DOCUMENT # N97000004383**

1. Entity Name  
**JUPITER NOSERIDERS, INC.**



Principal Place of Business  
**JUPITER SQUARE SHOPPING CENTER  
103 US HWY 1, STE. F-5, #150  
JUPITER, FL 33477**

Mailing Address  
**JUPITER SQUARE SHOPPING CENTER  
103 US HWY 1, STE. F-5, #150  
JUPITER, FL 33477**

**50064214**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08292005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0786009**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEETON, WILLIAM  
JUPITER SQUARE SHOPPING CENTER  
103 US HWY 1, STE. F-5, #150  
JUPITER, FL 33477**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
Due by September 7, 2005**

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 **D** ☐ Delete  
NAME **ARNOLD, THOMAS M**  
STREET ADDRESS **103 US1, STE F-5, #150**  
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **D** ☐ Delete  
NAME **MURRAY, DAN**  
STREET ADDRESS **103 US1, STE F-5, #150**  
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **D** ☐ Delete  
NAME **DOHERTY, JIM**  
STREET ADDRESS **103 US1, STE F-5, #150**  
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **D** ☐ Delete  
NAME **NELSON, DOUG**  
STREET ADDRESS **103 US 1 PMB #150 STE F-5**  
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **D** ☐ Delete  
NAME **HEINEMANN, WILLIAM**  
STREET ADDRESS **103 US 1 PMB #150 STE F-5**  
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BRAINARD, MARK** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **103 US1, STE F-5, #150**  
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **STROHL, PAGE** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **103 US1, STE F-5, #150**  
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **CAMERON, MARY E.** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **103 US1, STE F-5, #150**  
CITY-ST-ZIP **JUPITER, FL 33477**

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

TITLE **KEETON, WILLIAM** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **103 US1, STE F-5, #150**  
CITY-ST-ZIP **JUPITER, FL 33477**

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:**

*Mary E. Cameron*

**MARY E. CAMERON**

**8/29/05**

**561-543-7336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #