2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State
02-23-2005 90075 006 ***150.00

DOCUMENT # P00000010010

1. Entity Name
THE ARGOSY PROGRAM, INC.

Principal Place of Business	Mailing Address
214 BRAZILIAN AVE 230 PALM BEACH FL 33480	POST OFFICE BOX 3191 PALM BEACH FL 33480

66007320

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
251 ROYAL PALM WAY	251 ROYAL PALM WAY
Suite, Apt. #, etc.: SUITE 100 A	Suite, Apt. #, etc.: SUITE 100 A
City & State: PALM BEACH, FL	City & State: PALM BEACH, FL
Zip: 33480 Country: USA	Zip: 33480 Country: USA

4. FEI Number: 65-1091449 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SLATER, ROBERT W
214 BRAZILIAN AVE., STE. 260
PALM BEACH FL 33480

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] Antony Underwood, Pres. 03/22/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	UNDERWOOD, ANTONY	NAME	
STREET ADDRESS	214 BRAZILIAN AVE STE 230	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: Frances M. Salisbury FRANCES M. SALISBURY Secretary 02/11/05 561.835.4542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #