
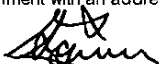


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90079 039 ***150.00

DOCUMENT # P00000054176 1. Entity Name CROQUET ENTERPRISES, INC.					
Principal Place of Business 700 FLORIDA MANGO RD. WEST PALM BEACH FL 33406			Mailing Address 700 FLORIDA MANGO RD WEST PALM BEACH FL 33406		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 26-0035573 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE. 3000 MIAMI FL 33131-3209				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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CEO <input type="checkbox"/> Delete NAME JENNER, MIKE STREET ADDRESS 2175 TELOGIA CITY-ST-ZIP WEST PALM BEACH FL 33411			TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME JENNER, MIKE STREET ADDRESS 2175 TELOGIA CT CITY-ST-ZIP WPB FL 33411		
TITLE P <input checked="" type="checkbox"/> Delete NAME CURINGTON, JOHN STREET ADDRESS 305 PABLO RD. CITY-ST-ZIP PONTE VEDRA BEACH FL 32082			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE T <input type="checkbox"/> Delete NAME KNOPF, TED STREET ADDRESS 38 ISLAND ESTATE PKWY. CITY-ST-ZIP PALM COAST FL 32137			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KNOPF, TED STREET ADDRESS 38 ISLAND ESTATE PKWY CITY-ST-ZIP PALM COAST FL 32137		
TITLE S <input type="checkbox"/> Delete NAME JACKSON, JOSETTE STREET ADDRESS 1617 N FLAGLER DR., APT. 2A CITY-ST-ZIP WEST PALM BEACH FL 33407			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME JACKSON, JOSETTE STREET ADDRESS 1617 N FLAGLER DR., APT 2A CITY-ST-ZIP WPB FL 33407		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  M.C. JENNER 2/18/05 861-478-2300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					