## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 24, 2005 08:00 AM DOCUMENT # P00000058467 **Secretary of State** 1. Entity Name ANTEATERS, INC. Mailing Address Principal Place of Business . \_\_\_ **511 S.W. 8 STREET 511 S.W. 8 STREET** FT. LAUDERDALE, FL 33315 FT. LAUDERDALE, FL 33315 02092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1018267 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PARKES, JEFFREY A 511 S.W. 8 STREET FT. LAUDERDALE, FL 33315 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PARKES, JEFFREY A NAME STREET ADDRESS 511 S.W. 8 STREET CITY-ST-ZIP FT, LAUDERDALE, FL 33315 ΤΙΊΙΣ ≐U000000241356 NAME 02/24/05-80043-003 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 179 07(3)(1), 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 equiversial effect as if made under oath, that I am an officer or director of the corporation of 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**