

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90566 027 ***150.00

20036374



04152005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000085388

1. Entity Name
FATHOM VENTURES, INC.



Principal Place of Business
11000 PROSPERITY FARMS RD
301
PALM BEACH GARDENS, FL 33410

Mailing Address
11000 PROSPERITY FARMS RD
301
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business
11380 Prosperity Farms Rd

Suite, Apt. #, etc.
Suite 219-E

City & State
Palm Beach Gardens, FL

Zip
33410

Country
USA

3. Mailing Address
11380 Prosperity Farms Rd

Suite, Apt. #, etc.
Suite 219-E

City & State
Palm Beach Gardens, FL

Zip
33410

Country
USA

4. FEI Number
36-4391350

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAY, DENNIS M
11000 PROSPERITY FARMS RD
301
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
11380 Prosperity Farms Rd

Suite, Apt. #, etc.
Suite 219-E

City
Palm Beach Gardens, FL

State
FL

Zip Code
33410

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, DENNIS 848 LAKESIDE DRIVE NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dennis M. May* **04/15/05** **561-630-2726**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #