

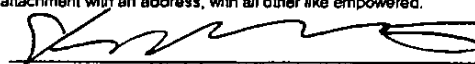


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-08-2005 90044 032 ***150.00

DOCUMENT # P01000035392					
1. Entity Name 8040, INC.					
Principal Place of Business 712 NIDA DR. MELBOURNE FL 32935			Mailing Address 712 NIDA DR. MELBOURNE FL 32935		
2. Principal Place of Business 712 Nida Dr			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Melbourne FL		City & State		4. FEI Number 65-1093165	
Zip 32935	Country Breard	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTHONY, DOUGLAS 712 NIDA DR MELBOURNE FL 32935				7. Name and Address of New Registered Agent Name Douglas Anthony Street Address (P.O. Box Number is Not Acceptable) 712 Nida Dr City Melbourne FL Zip Code 32935	
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		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 NAME STREET ADDRESS CITY-ST-ZIP	P DOUGLAS, ANTHONY 712 NIDA AVENUE MELBOURNE FL 32935 <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	S DOUGLAS, ANTHONY 712 NIDA AVENUE MELBOURNE FL 32935 <input checked="" 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	T DOUGLAS, ANTHONY 712 NIDA AVENUE MELBOURNE FL 32935 <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	Secretary Henry Cote 1270 Wickem Rd Suite 16-214 Melbourne, FL 32935 <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		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

ATTACHMENT

0600260
#P01000035392

8/18/05

Doughs Anthony Pres

8040 Inc.

712 Nida Dr.

Melbourne, FL

32935

Sir,

Please check the letter I sent last year. I asked that all future mail be sent to the above address.

I sold the building at 1565 N. Harbor City Blvd. and any mail sent to 8040 at 1565 N. Harbor City Blvd. was thrown away.

I was lucky that the new owners gave me the last letter.

Because I never received the renewal notice I respectfully ask you to waive the \$400.00 penalty.

I am a 100% disabled veteran and just get by as it is. If you can find it in your heart to extend this courtesy

ATTACHMENT

66026260
PO/00035392

it won't be forgotten.

I thank you,

Gayle Anthony

1st. Air Cav.

229th. Assault Helicopters

P.S.

If this is impossible would
it be possible to pay you a
hundred dollars a month for
four months

Thanks for your
consideration.

Gayle Anthony