


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90117 033 ***150.00

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|--|---|--|---|--|--|
| DOCUMENT # P01000049355 | | | |  | |
| 1. Entity Name PELFREY BROS., INC. | | | | | |
| Principal Place of Business 5679 EAGLE TRACE CT. LAKE WORTH FL, FL 33463 | | | Mailing Address 5679 EAGLE TRACE CT. LAKE WORTH FL 33463 | | |
| 2. Principal Place of Business 4806 N Flagler Drive Suite, Apt. #, etc. E2 | | 3. Mailing Address 4806 N Flagler Drive Suite, Apt. #, etc. E2 | | (P01000049355P) | |
| City & State West Palm Beach FL | | City & State West Palm Beach FL | | 4. FEI Number 65-1104810 | |
| Zip 33407 | | Country - | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PELFREY, TIMOTHY E 5679 EAGLE TRACE CT. LAKE WORTH, FL 33463 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4806 N Flagler Drive City West Palm Beach FL Zip Code 33407 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing <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 | PD PELFREY, MICHAEL J 154 BALDWIN BLVD. GREENACRES, FL 33463 | <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 | VSTD PELFREY, TIMOTHY E 5679 EAGLE TRACE CT LAKE WORTH, FL 33463 | <input type="checkbox"/> Delete | VSTD Pelfrey, Timothy E. 4806 N Flagler Drive Apt E2 West Palm Beach, FL 33407 | <input checked="" 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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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/28/05 561 358 5135 <small>(Date) (Daytime Phone #)</small> | | |