

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055532

Entity Name: POPE CHART COMPANY

FILED
Jul 05, 2005
Secretary of State

Current Principal Place of Business:

135 E ATLANTIC AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

PO BOX 2136
DELRAY BEACH, FL 33447

New Mailing Address:

FEI Number: 65-1117773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CACACE, VINCENT J
420 NE 36 STREET
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CACACE, VINCENT
Address: 2000 SO OCEAN BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: CACACE, VINCENT J
Address: 420 NE 36 CT
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: CACACE, DON
Address: 10239 N CHATFIELD PL
City-St-Zip: LITTLETON, CO 80125

Title: D () Delete
Name: MACDONALD, CINDY
Address: 52 HARRISON ST
City-St-Zip: JOHNSTON, RI 02919

Title: D () Delete
Name: CACACE, RICHARD
Address: 18 HAWTHORN RD
City-St-Zip: MARBLEHEAD, MA 01945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT CACACE

D

07/05/2005

Electronic Signature of Signing Officer or Director

Date