

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000121855 1. Entity Name IDELLE PAASCHE-SAUNDERS CO.	
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Principal Place of Business 785 HARBOUR ISLES CT NORTH BEACH GARDENS, FL 33410	Mailing Address 785 HARBOUR ISLES CT NORTH BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0018780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAASCHE-SAUNDERS, IDELLE
785 HARBOUR ISLES CT
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
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 _____ (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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAASCHE-SAUNDERS, IDELLE 785 HARBOUR ISLE COURT PALM BEACH SHORES, FL 33404
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04/13/05-80746-023 150.00

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: *Idelle Paasche-Saunders* **Idelle PAASCHE-SAUNDERS**
 _____ **4-8-05** **561-493-8068**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #