

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122245

FILED
Apr 18, 2005
Secretary of State

Entity Name: FORMEL FAMILY INVESTMENTS, INC.

Current Principal Place of Business:

2615 SE 5TH CT.
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

2615 SE 5TH CT.
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 01-0555864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORMAL, PHILLIP A
2615 SE 5TH COURT
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

FORMEL, PHILLIP A
2615 SE 5TH COURT
HOMESTEAD, FL 33033 US

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: PHILLIP A. FORMEL

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORMEL, PHILLIP A
Address: 2615 SE 5TH CT.
City-St-Zip: HOMESTEAD, FL 33033

Title: ST () Delete
Name: FORMEL, NORMA H
Address: 2615 SE 5TH CT.
City-St-Zip: HOMESTEAD, FL 33033

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FORMEL, PHILLIP A
Address: 2615 SE 5TH CT.
City-St-Zip: HOMESTEAD, FL 33033 US

Title: VP (X) Change () Addition
Name: FORMEL, NORMA H
Address: 2615 SE 5TH CT.
City-St-Zip: HOMESTEAD, FL 33033 US

Title: ST () Change (X) Addition
Name: FORMEL, ANN F
Address: 3976 ROUTE 203
City-St-Zip: NORTH CHATHAM, NY 12132 US

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: ANN F. FORMEL

ST

04/18/2005

Electronic Signature of Signing Officer or Director

Date