

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000019520

1. Entity Name
FORDHAM INVESTMENTS, INC.



Principal Place of Business

**1800 SECOND STREET
SUITE 714
SARASOTA, FL 34236**

Mailing Address

**1800 SECOND STREET
SUITE 714
SARASOTA, FL 34236**



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0618951

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NAMACK, WILLIAM H III
1800 SECOND STREET
SUITE 714
SARASOTA, FL 34236**

**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

Signature, typed or printed name of registered agent and title if applicable

(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**

**U00000261051
03/12/05-80049-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUDIN, JEROME
STREET ADDRESS	5549 CARMONA PLACE
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	VT
NAME	RUDIN, ARLENE R
STREET ADDRESS	5549 CARMONA PLACE
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	VS
NAME	NAMACK, WILLIAM H III
STREET ADDRESS	1800 SECOND STREET, STE 714
CITY-ST-ZIP	SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3/10/05

Date

941-923-6377

Daytime Phone #