

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000053541

1. Entity Name
HILLSBORO INLET CAPTAINS ASSOCIATION, INC.



Principal Place of Business
2705 NORTH RIVERSIDE DR.
POMPANO BEACH, FL 33062

Mailing Address
2705 NORTH RIVERSIDE DR.
POMPANO BEACH, FL 33062



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3697313

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HORN, TOM
2705 NORTH RIVERSIDE DR.
POMPANO BEACH, FL 33062

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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 Edwin F. Wheeler Edwin F. Wheeler
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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HORN, TOM
STREET ADDRESS	601 PINE DR., #104
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	V
NAME	WHEELER, EDWIN F JR.
STREET ADDRESS	2240 NE 46 ST.
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	ST
NAME	WHEELER, EDWIN F SR.
STREET ADDRESS	2736 NE 12 ST.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/05-80051-008 150.00

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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: Edwin F. Wheeler EDWIN F. WHEELER 1-6-05 954-980-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #