

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-27-2005 90048 029 \*\*\*150.00

P02000082339

FILED

05 DEC -8 PM 2:44



1st MOORE

CR2E034 (10/04)

<b>DOCUMENT # P02000082339</b> 1. Entity Name <b>HONSELL ENTERPRISES, INC.</b>					
Principal Place of Business <b>2608 N OCEAN BLVD POMPANO BEACH FL 33062</b>			Mailing Address <b>2608 N OCEAN BLVD POMPANO BEACH FL 33062</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>03-0476530</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HONSELL, INAS A 2608 N OCEAN BLVD POMPANO BEACH FL 33062</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 <u>Inas A Honsell</u> (NOTE: Registered Agent signature required when terminating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HONSELL, INAS A</b> <b>5571 N WINSTON PARK BLVD #305</b> <b>COCONUT CREEK FL 33073</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HONSELL, INAS A</b> <b>3615 SW NATURA AVE.</b> <b>DEERFIELD BCH, FL 33441</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HONSELL, FREDERICK S</b> <b>5571 N WINSTON PARK BLVD #305</b> <b>COCONUT CREEK FL 33073</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HONSELL, FREDERICK S</b> <b>3615 SW NATURA AVE.</b> <b>DEERFIELD BCH, FL 33441</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Inas A Honsell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					