

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90040 033 ***150.00

DOCUMENT # P02000114208

1. Entity Name

PROSPERITY CONSULTANTS OF SOUTH FLORIDA, INC.



Principal Place of Business

4882 NORTH CITATION DR., STE. #205
DELRAY BEACH FL 33445

Mailing Address

4882 NORTH CITATION DR., STE. #205
DELRAY BEACH FL 33445

2. Principal Place of Business

118 LANCASTER WAY

Suite, Apt. #, etc.

3. Mailing Address

118 LANCASTER WAY

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

WEST Palm Beach FL

City & State

WEST Palm Beach FLA

4. FEI Number

56-2298766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGG, MICHELLE D

4882 NORTH CITATION DR., STE. #205
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

GREGG, MICHELLE D

Street Address (P.O. Box Number is Not Acceptable)

118 LANCASTER WAY

City

WEST Palm Beach

FL

Zip Code

33414

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

Michelle D Gregg

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GREGG, MICHELLE D
STREET ADDRESS 4882 NORTH CITATION DR., STE. #205
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D ☐ Delete
NAME GREGG, MICHELLE D
STREET ADDRESS 118 LANCASTER WAY
CITY-ST-ZIP WEST Palm Beach FLA 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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; nor do I 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:

Michelle D Gregg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/05 (561) 793-2283

Please
NOTE
Address
Change
Thnx