

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90029 046 ***150.00

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01202005 Chg-P CR2E034 (10/03)

4. FEI Number 36-4522965 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

FIRTH, DON
16485 COLLINS AVENUE,
SUITE 1036
SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent

Name Firth, Don
Street Address (P.O. Box Number is Not Acceptable)
21200 NE 38 Avenue
Apt. 1705
City Aventura FL Zip Code 33180

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 *Don Firth*
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 FIRTH, DON
STREET ADDRESS 16485 COLLINS AVENUE, #1036
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 ☐ Delete

TITLE VP
NAME FIRTH, EUNICE
STREET ADDRESS 16485 COLLINS AVENUE, #1036
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 ☐ Delete

TITLE VP
NAME FIRTH, JAKE
STREET ADDRESS 168 BIRD CREEK ESTATES RD
CITY-ST-ZIP BLACK MOUNTAIN, NC 28711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Firth, Don
STREET ADDRESS 21200 NE 38 Ave. #1705
CITY-ST-ZIP Aventura, FL 33180

TITLE VP ☒ Change ☐ Addition
NAME Firth, Eunice
STREET ADDRESS 21200 NE 38 Ave. #1705
CITY-ST-ZIP Aventura, FL 33180

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

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

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

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)(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: *Don Firth* Don Firth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/05

Date Daytime Phone #