


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90291 032 ***150.00

DOCUMENT # P03000012629					
1. Entity Name O'ROURKE FAMILY FUN COMPANY					
Principal Place of Business 3023 SE QUANSETT CIRCLE STUART, FL 34997			Mailing Address 55 EAST OCEAN BLVD. STUART, FL 34994		
2. Principal Place of Business <i>229 SE Villas Street</i>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Stuart, FL</i>			City & State		
Zip <i>34994</i>		Country		Zip	
Country		Zip		Country	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
YUDIN, JOHN S 55 E OCEAN BLVD STUART, FL 34994				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'ROURKE, SUSAN 3023 SE QUANSETT CIR STUART, FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>O'Roourke, Susan</i> <i>229 SE Villas Street</i> <i>STUART, FL 34994</i>	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<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: <i>Susan E. O'Rourke</i> Susan E. O'Rourke 4/8/05 772-781-7918					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					