


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90213 022 ***150.00

DOCUMENT # P03000019062	
1. Entity Name WATERFRONT RESTORATION & DEVELOPMENT, INC.	

Principal Place of Business 13340 86TH ROAD NORTH WEST PALM BEACH, FL 33412	Mailing Address 13340 86TH ROAD NORTH WEST PALM BEACH, FL 33412
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
04212005	Chg-P CR2E034 (10/03)
4. FEI Number 20-1540992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GALLO, JAMES 13340 86TH ROAD NORTH WEST PALM BEACH, FL 33412

7. Name and Address of New Registered Agent
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	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS	
TITLE	NAME
DP	GALLO, JAMES V
STREET ADDRESS	13340 86TH ROAD NORTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	NAME
SEC	SPARKS, CHRISTOPHER J.
STREET ADDRESS	1696 FARMINGTON CIRCLE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	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:		4/27/05	561-441-4272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #