

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000042207

1. Entity Name
HONEY ISLAND SOFTWARE, INC.



Principal Place of Business
2809 LONG LAKE DRIVE
TITUSVILLE, FL 32780

Mailing Address
2809 LONG LAKE DRIVE
TITUSVILLE, FL 32780



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1595345

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRIFFIN, W. HERBERT
2809 LONG LAKE DRIVE
TITUSVILLE, FL 32780

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IN THIS SPACE**

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 reappointing)

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
D
NAME
COMBEL, CHRISTINE M
STREET ADDRESS
2809 LONG LAKE DRIVE
CITY-ST-ZIP
TITUSVILLE, FL 32780

TITLE
D
NAME
GRIFFIN, W. HERBERT
STREET ADDRESS
2809 LONG LAKE DRIVE
CITY-ST-ZIP
TITUSVILLE, FL 32780

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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01/24/05-80154-007 150.00

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IN THIS SPACE**

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: *Christine M. Combel* Christine M. Combel 1-19-2005 321-267-3639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #