2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000044723

1. Entity Name
ENDLESS ,INC.

Principal Place of Business	Mailing Address
12035 INDIAN ROCKS ROAD LARGO,, FL 33774	12035 INDIAN ROCKS ROAD LARGO,, FL 33774

DO NOT WRITE IN THIS SPACE

01132005   No Chg-P   CR2E034 (10/03)

4. FEI Number 74-3087097	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SOMKOWICZ, PETER J
1414 BENTLEY STREET
CLEARWATER, FL 33755

DO NOT WRITE 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 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	U00000325524 04/23/05-80019-019 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PRES
NAME	SOMKOWICZ, PETER J
STREET ADDRESS	1414 BENTLEY ST
CITY-ST-ZIP	CLEARWATER, FL 33755

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ PETER SOMKOWICZ 4/20/05 727 593 9004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #