2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000071327

1. Entity Name
HIGH WAKE HOLDINGS, INC.

Principal Place of Business	Mailing Address
1517 PERIMETER ROAD WEST PALM BEACH, FL 33406	12765 FOREST HILL BOULEVARD SUITE 1302 WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
71-0952064

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000396683
04/27/05-80136-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROTHELL, DARREN L
STREET ADDRESS	1517 PERIMETER ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	VD
NAME	PASA, JAMES
STREET ADDRESS	1517 PERIMETER ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	STD
NAME	LUDLAM, ROBERT K
STREET ADDRESS	1517 PERIMETER ROAD
CITY-ST-ZIP	WEST PALM BECH, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: X _____ James G. Pasa, Vice Pres. X 04/26/05 561-762-6994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #