

Feb 21 05 05:40p

J&G FINANCIAL

954-969-1653

p. 3

FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000127177

1. Entity Name
TWENTY-FIVE EIGHT, INC.

FILED

05 MAR -1 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
1191 E. NEWPORT CENTER DR. #210
DEERFIELD BEACH, FL 33442
Mailing Address
1191 E. NEWPORT CENTER DR. #210
DEERFIELD BEACH, FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FCI Number

57-1190955

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWAB, DOUG
1191 E. NEWPORT CENTER DR. #210
DEERFIELD BEACH, FL 33442

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, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SCHWAB, DOUG
STREET ADDRESS 1191 E. NEWPORT CENTER DR. #210
CITY-ST-ZIP DEERFIELD BEACH, FL 33442TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME WHITE, PAMELA
STREET ADDRESS 1191 E. NEWPORT CENTER DR. #210
CITY-ST-ZIP DEERFIELD BEACH, FL 33442TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME MACKENZIE, MELISSA
STREET ADDRESS 1191 E. NEWPORT CENTER DR. #210
CITY-ST-ZIP DEERFIELD BEACH, FL 33442TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-05 954-422-8811