

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

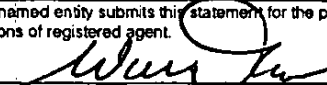
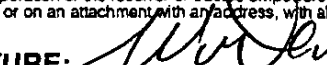
FILED
Mar 22, 2005 8:00 am
Secretary of State

02-14-2005 90053 030 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000053391			
1. Entity Name WALTER DAMON, P.A.			
Principal Place of Business 3340 GREENVIEW TERRACE MARGATE FL 33063		Mailing Address 3340 GREENVIEW TERRACE MARGATE FL 33063	
2. Principal Place of Business 1260 NW RED OAK Way Suite, Apt. #, etc.		3. Mailing Address 1260 NW RED OAK Way Suite, Apt. #, etc.	
City & State JENSEN BEACH		City & State JENSEN BEACH	
Zip 34957	Country USA	Zip 34957	Country USA
4. FEI Number 20-0939154		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAMON, WALTER 3340 GREENVIEW TERRACE MARGATE FL 33063		7. Name and Address of New Registered Agent Name: WALTER DAMON Street Address (P.O. Box Number is Not Acceptable) 1260 NW RED OAK Way City JENSEN BEACH FL Zip Code 34957	
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: 2/7/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. 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 NAME STREET ADDRESS CITY-ST-ZIP	D DAMON, WALTER 3340 GREENVIEW TERRACE MARGATE FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1260 NW RED OAK Way JENSEN BEACH FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 reports 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: 		Date: 2/7/05 772 692 7559 Daytime Phone #	