2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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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	Mailing Address
~~3340 GREENVIEW TERRACE~~ ~~MARGATE FL 33063~~	~~3340 GREENVIEW TERRACE~~ ~~MARGATE FL 33063~~

2. Principal Place of Business	3. Mailing Address
1260 NW RED OAK WAY	1260 NW RED OAK WAY
Suite, Apt. #, etc.	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 [signature] 2/7/05
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
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	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	DAMON, WALTER		NAME		
STREET ADDRESS	~~3340 GREENVIEW TERRACE~~		STREET ADDRESS	1260 NW RED OAK WAY	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] 2/7/05 772 692 7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #