## 2005 FOR PROFIT-CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 03, 2005 8:00 am Secretary of State DOCUMENT # P04000058729 1. Entity Name 05-03-2005 90087 024 \*\*\*150.00 GHOST ROADSTERS, INC. Principal Place of Business Mailing Address 1963 HIGH STREET 1963 HIGH STREET LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT DANZI Street Address (P.O. Box Number is Not Acceptable) 2337 ROANOKE CT AKE MARY FL 32746 2337 ROANOKE 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, typed or printed name or registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DAUZI, ROBERT 2337 ROANDKE Ct. ST Change Addition THTLE TITLE PAZ, RACIEL NAME NAME STREET ADDRESS 2337 ROANOKE CT STREET ADDRESS LAKEMARY FL. 32746 DANZI, DAWN BOTHAR 2337 ROANDKE CF. CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP Delete HTLE TITLE ☐ Addition DANZI, ROBERT WRONG ADDRESS STREET ADDRESS 853 SALEDO DR STREET ADDRESS CITY-ST-7IP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. Thereby 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

FILED