2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # P04000062050** 03-08-2005 90177 016 ***150.00 1. Entity Name RIGHT DIRECTION, INC. Principal Place of Business Mailing Address 66024352 5656 STRAWBERRY LAKES CIRCLE 5656 STRAWBERRY LAKES CIRCLE LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEi Number Applied For 20-0252835 Not Applicable \$8.75 Additional Zip Country Ζip Country 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama STEWART, JAYNE M 33 S.E. 1ST AVENUE., SUITE 102 Street Address (P.O. Box Number is Not Acceptable) 1801 S. FEDERAL HWI **DELRAY BEACH FL 33444** 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 3-2-05 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DILE PTCD Detete TITLE ☐ Change **□** Addition ROCKETT, JAMES M NAME NAME STREET ADDRESS 5656 STRAWBERRY LAKES CIRCLE STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP TITLE ☐ Deiele TIST F Addition WASH STEWART, JAYNE M NAME 1801 B. FEDERAL Huy, Ste 238 Delran Beach, FL 33483 33 S.E. 1ST AVENUE., SUITE 102 STREET ADDRESS STREET ADDRESS CATY-ST-ZIP DELRAY BEACH FL 33444 CITY-ST-ZIP isit E ☐ Delete Addition TITLE MAME JACK, BARBARA NAME STREET ADORESS 806 DATE PALM STREET ACCURESS CITY-ST-ZIP LARGO FL 33778 CITY-ST-ZIP VMD DIE ☐ Delete TITLE Change | ☐ Addition ROCKETT, NANCY L MALA NAME 5656 STRAWBERRY LAKES CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP RTLE Defete Change ☐ Addition MAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SIN F Delete TITLE 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 supplied ental 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.

STREET ADORESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CREY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05

561-255-9269

Daytime Phone #

FILED

Jul 08, 2005 8:00 am



July 2, 2005

Division of Corporations Annual Report Section P.O. Box 6850 Tallahassee, FL 32314

RE: Notice of Intent to Dissolve; Document P04000062050

Attached is the 2005 for Profit Corporation Annual Report with the requested FEI number included.

I was not aware that your office had returned my Annual Report requesting the inclusion of the FEI number until this past week when the Notice to Dissolve was received at the Corporate address. Evidently the request for the FEI number was not sent to the Corporation's address, but instead to the office of the Registered agent.

I respectably request any late / penalty fee be waived.

lames M. Rockett

President, Right Direction, Inc.