2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-04-2005 90063 001 ***150.00

DOCUMENT # P04000062486

1. Entity Name
DISTINGUISHED MANAGEMENT, INC.

66012769

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
C/O CHOPIN & MILLER 505 S FLAGLER DRIVE SUITE 300 WEST PALM BEACH FL 33401	C/O CHOPIN & MILLER 505 S FLAGLER DRIVE SUITE 300 WEST PALM BEACH FL 33401

2. Principal Place of Business		3. Mailing Address	
2200 N. Florida Mango Rd.		P.O. BOX 4297	
Suite, Apt. #, etc.: Suite 402		Suite, Apt. #, etc.	
City & State: WEST PALM BEACH, FL		City & State: WEST PALM BEACH, FL	
Zip: 33409	Country: USA	Zip: 33402	Country: USA

4. FEI Number: 77-0631742 ☐ Applied For ☐ Not Applicable

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
SHAW, JOHN L C/O CHOPIN & MILLER 505 S FLAGLER DRIVE SUITE 300 WEST PALM BEACH FL 33401	Name: Street Address (P.O. Box Number is Not Acceptable): ~~One N. Clematis Street~~ 2200 N. Florida Mango Rd. Suite 402 City: WEST PALM BEACH, FL Zip Code: 33409

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: John L. Shaw (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/22/05

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	P, T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	John L. Shaw	NAME	
STREET ADDRESS	2200 N. Florida Mango Rd, Ste 402	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33409	CITY-ST-ZIP	
TITLE	D, S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	L. Frank Chopin	NAME	
STREET ADDRESS	One N. Clematis Street	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33401	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: John L. Shaw President (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 3/22/05 (Date) 561-655-8933 (Daytime Phone #)