


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

02-28-2005 90220 042 ***158.75

DOCUMENT # P04000065880	
1. Entity Name FOREVER FRIENDS COMPANIONSHIP SERVICES, INC.	

Principal Place of Business 3254 ELLIOTT ST. VENICE FL 34292	Mailing Address 3254 ELLIOTT ST. VENICE FL 34292
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 55-0872473	Applied For Not Applicable
5. Certificate of Status Desired X	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
CONLEY, ANNE M 3254 ELLIOTT ST. VENICE FL 34292	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when re-registering) **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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME CONLEY, ANNE M STREET ADDRESS 3254 ELLIOTT ST. CITY- ST- ZIP VENICE FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME COLON, LAURA M STREET ADDRESS 3254 ELLIOTT ST. CITY- ST- ZIP VENICE FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Anne M Conley **2-16-05** **941-488-0101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #