

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90144 028 \*\*\*158.75

**DOCUMENT # P04000070683**

1. Entity Name

CITY CAPITAL, INC.



Principal Place of Business

1355 W. PALMETTO PARK ROAD  
SUITE 261  
BOCA RATON FL 33486  
US

Mailing Address

1355 W. PALMETTO PARK ROAD  
SUITE 261  
BOCA RATON FL 33486  
US



2. Principal Place of Business

110 E. ATLANTIC AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 240

City & State

DELRAY BEACH, FLORIDA

Zip

33444

Country

USA

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

03-0541078

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREER, GRANT  
CITY CAPITAL, INC.  
1355 W. PALMETTO PARK RD., STE. 261  
BOCA RATON FL 33486

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$350.00**

**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

TITLE D  
NAME FREER, GRANT L  
STREET ADDRESS 1355 W. PALMETTO PARK ROAD, SUITE 261  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/05 501 4555434