## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000072741

Entity Name: CURT-NATE FAMILY CORP

**FILED** Aug 01, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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819 CLAREMORE DRIVE

WEST PALM BEACH, FL 33401 US

**Current Mailing Address: New Mailing Address:** 

819 CLAREMORE DRIVE P.O. BOX 19115

WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 334169115 US

FEI Number: 26-0087789 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DELISI, MARTIN V TOLLIVER, CAROLINA 819 CLARÉMORE DRIVE 4361 NORTHLAKE BLVD

PALM BEACH GARDENS, FL 33410 WEST PALM BEACH, FL 33401 US US

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.

SIGNATURE: CAROLINA TOLLIVER 08/01/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

STEIGER, NATHAN ADKISON, GARY Name: Name: 6350 RED PINE LANE UNIT A P.O. BOX 970429 Address: Address:

City-St-Zip: GREENACRES, FL 33415 US City-St-Zip: COCONUT CREEK, FL 33097 US

Title: VΡ Title: () Delete () Change () Addition

Name: MONDELL, CURT Name: 819 CLAREMORE DRIVE Address: Address: WEST PALM BEACH, FL 33401 US City-St-Zip: City-St-Zip:

Title: Title: OD (X) Delete () Change () Addition

ADKISON, GARY Name: Name: P.O. BOX 970429 Address: Address: City-St-Zip: COCONUT CREEK, FL 33097 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY ADKISON 08/01/2005 OD