

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074370

Entity Name: WOOLBRIGHT 16 FLORIDA, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

3200 N MILITARY TRAIL 4 FLR
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3200 N MILITARY TRAIL 4 FLR
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-1225256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLTON, PETER S
505 S FLAGLER DR STE 1100
W PALM BCH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STILLER, DUANE J
Address: 3200 N MILITARY TRAIL 4 FLR
City-St-Zip: BOCA RATON, FL 33431

Title: DVT () Delete
Name: FIMIANI, MICHAEL
Address: 3200 N MILITARY TRAIL 4 FLR
City-St-Zip: BOCA RATON, FL 33431

Title: V () Delete
Name: BARRY, MARK
Address: 3200 N MILITARY TRAIL 4 FLR
City-St-Zip: BOCA RATON, FL 33431

Title: V () Delete
Name: BEAULIEU, DENIS
Address: 3200 N MILITARY TRAIL 4 FLR
City-St-Zip: BOCA RATON, FL 33431

Title: V () Delete
Name: HOLTON, PETERS S
Address: 505 S FLAGLER DR STE 1100
City-St-Zip: W PALM BCH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DUANE J STILLER

DS

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date