

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2005 8:00 am
Secretary of State

04-15-2005 90102 028 ***150.00

DOCUMENT # P04000076237 1. Entity Name FURY ACQUISITIONS INC.			
Principal Place of Business P.O. BOX 5552 KEY WEST FL 33045		Mailing Address P.O. BOX 5552 KEY WEST FL 33045	
2. Principal Place of Business 201 FRONT ST, BLDG 21 SUITE 109 KEY WEST, FL 33040		3. Mailing Address P.O. BOX 1238 KEY WEST, FL 33041	
City & State KEY WEST, FL		City & State KEY WEST, FL	
Zip 33040		Zip 33041	
4. FEI Number 20-1113110		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALPERN, MICHAEL 209 DUVAL ST KEY WEST FL 33040		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPERN, MICHAEL P.O. BOX 5552 KEY WEST FL 33045	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, SCOTT A P.O. BOX 5552 KEY WEST FL 33045	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 2/5/05 Daytime Phone # 305 294-5305	