

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90021 024 ***150.00

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1. Entity Name

MY FAIR HAVEN, INC.

Principal Place of Business

**2101 SUNSET POINT RD - APT 2701
CLEARWATER FL 33765**

Mailing Address

**30 CHURCH ST
FAIRHAVEN NJ 07704**

2. Principal Place of Business

2101 Sunset Point Rd

Suite, Apt. #, etc.

2701

City & State

Clearwater FL

Zip

33765

Country

USA

3. Mailing Address

34 Church ST

Suite, Apt. #, etc.

Fair

City & State

Fair Haven NJ

Zip

07704

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

57-1208757

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JORDAN, EDWARD P II, ESQ
1460 W HWY 50
CLERMONT FL 34711**

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

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MCDERMOTT, LEIGH**
STREET ADDRESS **2101 SUNSET POINT RD - APT 2701**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☐ Delete
NAME **MCDERMOTT, MICHAEL**
STREET ADDRESS **2101 SUNSET POINT RD - APT 2701**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☐ Delete
NAME **GRABOSKI, PAMELA**
STREET ADDRESS **2101 SUNSET POINT RD - APT 2701**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☐ Delete
NAME **GRABOSKI, DAVID**
STREET ADDRESS **2101 SUNSET POINT RD - APT 2701**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☐ Delete
NAME **BARNETT, TARA**
STREET ADDRESS **2101 SUNSET POINT RD - APT 2701**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☐ Delete
NAME **BARNETT, KEVIN**
STREET ADDRESS **2101 SUNSET POINT RD - APT 2701**
CITY-ST-ZIP **CLEARWATER FL 33765**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Leigh McDermott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/05 732-812-4780