


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90388 030 ***150.00

DOCUMENT # P04000087203 1. Entity Name CASSIDY U.K., INC.					
Principal Place of Business 108 GRAND PALM WAY PALM BEACH GARDENS FL 33418			Mailing Address 108 GRAND PALM WAY PALM BEACH GARDENS FL 33418		
2. Principal Place of Business 255 Evernia Street		3. Mailing Address 255 Evernia Street			
Suite, Apt. #, etc. Apt. 815		Suite, Apt. #, etc. Apt. 815			
City & State West Palm Beach, FL		City & State West Palm Beach, FL			
Zip 33401		Country 		Zip 33401	
Country 		4. FEI Number 20-1220549			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASSIDY, CAROLINE A 108 GRAND PALM WAY PALM BEACH GARDENS FL 33418			7. Name and Address of New Registered Agent Name Cassidy, Caroline A Street Address (P.O. Box Number is Not Acceptable) 255 Evernia Street Apt. 815 City West Palm Beach FL Zip Code 33401		
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 <u>Caroline A. Cassidy</u> (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. <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	P. CASSIDY, CAROLINE A <input type="checkbox"/> Delete 108 GRAND PALM WAY PALM BEACH GARDENS FL 33418		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Cassidy, Caroline A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 255 Evernia Street-Apt 815 West Palm Beach, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Caroline Cassidy</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date _____ Daytime Phone # _____	