## 2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000112613

## FILED Apr 28, 2005 8:00 am Secretary of State

1. Entity Name MICROBE GUARD OF THE GOLD COAST INC.						04-11-2005 90182 004 ***150.00				
	and the first of the second	30A01 INO.			7					
Principal Plac	e of Business	Mailing Address		-	<b>- </b>					
	STREET "	200 N.E. 5TH STREET								
	CH; FL 33444	DELRAY BEACH, FL 33								
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04072005	Chg-P	CR2E034	(10/03)		
City & State		City & State		4. FEI Numb	14254	85	<b>⊢</b>	oplied For of Applicable		
Zip Country		Zip Country		ntry	1	ol Status Desired		3.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	L	1	7. Name and	1 Address of New I		e Require	<u> </u>	
				Name						
	ROBERT A II TH STREET	Street Addres			(P.O. Box Number is Not Acceptable)					
DELRAY E	EACH, FL 33444					<u> </u>		<del></del>		
			City			FL	Zip Code	e		
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed affice or regis	tered agent, or bo	oth, in the State of Fi		iliar with,	and accept	
	ions of registered agent.		-						<b></b> -	
SIGNATURE_	Signature, typed or printed name of registered agon	and the decreasing (NOTE	Beo d'are	id Agent signature requi	and after rentrations		DATE	<del></del>		
	and arrive of the second secon									
GAfter Mi	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.	8. Election Campai Trust Fund Contr	gn Finar ribution.	ncing S	5.00 May Be dded to Fees					
10.	P		11,	- 1		CHANGES TO OFF				
TITLE NAME	KELLER, ROBERT A II	☐ Delete	NAM	Ε; ·	· .		u	) Change	☐ Addition	
STREET ADDRESS	200 N.E. 5TH STREET DELRAY BEACH, FL 33444	•		ET ADDRESS -ST-ZIP	•				•	
TIPLE	DELFORT BEACH, FL 33444		ını				<del></del>	Change	☐ Addition	
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THE		☐ Delete	title	E				Change	Addition	
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CITY-SI-ZIP				-ST-71P					•	
IIILE		☐ Delete	TITLE		·			Change	Addition	
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CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE HAME		☐ Delete	TITLE	1				) Change	Addition	
STREET ADDRESS				ET ADDRESS					,	
CITY-ST-ZIP			-	-ST-ZIP	<u> </u>			1.050:		
TITLE NAME		- Celete	NAME				u	] Change	Addition ,	
STREET ADDRESS				ET ADORESS					i	
12. I hereby o	eruly that the information supplied with	Tanis filing does not qualify for	the ave	-ST-ZP motion stated in 1	Section 119.07/31	(i). Florida Statutes	I further certify t	that the in	tormation	
indicated of the cor changed,	or this report or supplied with poration or the receiver or austrell eport in poration or the receiver or austrel emp or on an attachment with an arteress,	s true and accurate and that in lowered to execute this from with all bittle like empowerer.	ny signal as requi:	ture shall have th red by Chapter 6	e some legal elle: 07, Florida Statut	et as if made under es; and that my name	oath: that I am a spappears in Bk	in officer ock 10 or	or director Block 11 if	
SIGNAT	URE: SIGNATURE AND THED OR	PARTIED NAME OF SIGNING OFFICER			, . , (e, p.	Date		ne Phone *		