2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/11

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-11-2005 90009 027 ***150.00

DOCUMENT # P04000113427

1. Entity Name
2841, INC.

66000554

Principal Place of Business	Mailing Address
2570 FOREST HILL BLVD. #103 WEST PALM BEACH, FL 33406	2570 FOREST HILL BLVD. #103 WEST PALM BEACH, FL 33406

01032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1683589 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARSON, WAYNE 2570 FOREST HILL BLVD. #103 WEST PALM BEACH, FL 33406	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARSON, WAYNE		NAME	
STREET ADDRESS	6273 COPPER LAKE CT.		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARSON, ULRIKE		NAME	
STREET ADDRESS	6273 COPPER LAKE CT.		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SWAIN, HARRY		NAME	
STREET ADDRESS	660 NORTH DRIVE		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SWAIN, LORETTA		NAME	
STREET ADDRESS	660 NORTH DRIVE		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Wayne Carson Treasurer 1/4/5 561 642 8744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Wayne Carson