

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000129680

1. Entity Name  
10-B, INC.



FILED

05 MAR 02 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
214 BRAZILIAN AVENUE, SUITE 200  
PALM BEACH, FL 33480

Mailing Address  
214 BRAZILIAN AVENUE, SUITE 200  
PALM BEACH, FL 33480



2. Principal Place of Business  
996 Pelican Lane  
Suite, Apt. #, etc.

3. Mailing Address  
996 Pelican Lane  
Suite, Apt. #, etc.

01312005 Chg-P CR2E034 (10/03)

City & State  
Gulf Stream, FL

City & State  
Gulf Stream, FL

4. FEI Number ☒ Applied For  
Not Applicable

Zip  
33483

Country

Zip  
33483

Country

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

## 6. Name and Address of Current Registered Agent

LESLIE ROBERT EVANS & ASSOCIATES, P.A.  
214 BRAZILIAN AVENUE, SUITE 200  
PALM BEACH, FL 33480

## 7. Name and Address of New Registered Agent

Name  
John T. Metzger, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
250 Australian Avenue South  
Suite 700  
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

Signature, hand or printed name of registered agent and if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/05

**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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, LESLIE R	
STREET ADDRESS	214 BRAZILIAN AVENUE, SUITE 200	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, LESLIE ROBERT	
STREET ADDRESS	214 BRAZILIAN AVENUE, SUITE 200	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brett D. Forman	
STREET ADDRESS	996 Pelican Lane	
CITY-ST-ZIP	Gulf Stream, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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03/22/05--01012--002 \*\*150.00

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 information empowered.

SIGNATURE:

*Brett D. Forman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05

Date

561 265 3876

Daytime Phone #