


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90017 049 \*\*\*150.00

<b>DOCUMENT # P04000134188</b> 1. Entity Name <b>D'EATH ENTERPRISES, INC.</b>					
Principal Place of Business <b>2864 PHOENIX PALM TERRACE NORTH PORT, FL 34286 US</b>			Mailing Address <b>2864 PHOENIX PALM TERRACE NORTH PORT, FL 34286 US</b>		
2. Principal Place of Business <b>120 Grand Oak Circle</b> Suite, Apt. #, etc.			3. Mailing Address <b>120 Grand Oak Circle</b> Suite, Apt. #, etc.		
City & State <b>Venice FL</b>		City & State <b>Venice FL</b>		4. FEI Number <b>20-1671060</b>	
Zip <b>34292</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIMONE, STEPHEN CPA 6439 CENTRAL AVENUE ST. PETERSBURG, FL 33710-8411</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete <b>D'EATH, ROGER 2864 PHOENIX PALM TERRACE NORTH PORT, FL 34286</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>120 Grand Oak Circle Venice, FL 34292</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T <input type="checkbox"/> Delete <b>D'EATH, DENISE 2864 PHOENIX PALM TERRACE NORTH PORT, FL 34286</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>120 Grand Oak Circle Venice, FL 34292</b>	
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><i>Roger A. D'Eath</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>5-13-05</u> <small>Date</small>		
<u>Roger A. D'Eath</u> <small>Daytime Phone #</small>			<u>727-341-0272</u>		