

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90001 027 ***158.75

DOCUMENT # P04000141707 1. Entity Name DAVID W. FEREBEE & CO., INC.			
Principal Place of Business P.O. BOX 16177 WEST PALM BEACH, FL 33416-6177 US		Mailing Address P.O. BOX 16177 WEST PALM BEACH, FL 33416-6177 US	
2. Principal Place of Business 4 PLANTATION BLVD. Suite, Apt. #, etc.		3. Mailing Address SAME ABOVE Suite, Apt. #, etc.	
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL	
Zip 33467		Country FLORIDA	
4. FEI Number 20-1680007		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		05272005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FEREBEE, DAVID W 4 PLANTATION BLVD WEST PALM BEACH, FL 33467		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 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 FEREBEE, DAVID W P.O. BOX 16177 WEST PALM BEACH, FL 334166177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>David W. Ferabee</i> DAVID W. FEREBEE		Date 05/27/2005 Daytime Phone # (561) 310-1718	

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.