


**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90060 002 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P04000147708</b> 1. Entity Name <b>SQUIBB INVESTMENTS, INC.</b>	
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Principal Place of Business <b>39 EDITH POPE DR.          PALM COAST, FL 32164 US</b>	Mailing Address <b>39 EDITH POPE DR.          PALM COAST, FL 32164 US</b>
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66002865



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

01182005 Chg-P CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**

**LAIBLE, E.A., JULIE D**  
**121 DUNDEE ROAD**  
**DAYTONA BEACH, FL FL**

**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: *Julie D Laible, E.A.* 1/16/05  
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 Trust Fund Contribution:

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>P</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>SQUIBB, RICK</b>	<b>39 EDITH POPE DR</b>	<b>PALM COAST, FL 32164</b>				
			<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)(f), 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: *Rick Squibb* 1/19/05 386-931-5923  
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone