


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90149 034 ***158.75

DOCUMENT # P04000150393			
1. Entity Name 1555 OPERATING COMPANY			
Principal Place of Business 1555 PALM BEACH LAKES BOULEVARD SUITE 1100 WEST PALM BEACH FL 33401 US		Mailing Address 1555 PALM BEACH LAKES BOULEVARD SUITE 1100 WEST PALM BEACH FL 33401 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 55-0886686		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH FL 33401		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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECCLESTONE, E. LLWYD			NAME			
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., #1100			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE	EVTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, RON			NAME			
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., #1100			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAMMON, NANNETTE			NAME			
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., #1100			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  Ron Cooper 4/27/05 561-686-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #