

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057318

FILED
Apr 20, 2005
Secretary of State

Entity Name: THEOPLIS, INC.

Current Principal Place of Business:

1600 W. 9TH ST.
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16
FORT LAUDERDALE, FL 33302 US

New Mailing Address:

FEI Number: 65-0509413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, THEOPLIS
1600 W 9TH STREET
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILSON, THEOPLIS L
Address: 1600 W. 9TH ST.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: TSD () Delete
Name: WILSON, AUDIE BERNARD
Address: 1600 W. 9TH ST.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: DCTP () Delete
Name: WILSON, BRUCE EDWARD
Address: 1600 W. 9TH ST.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: WILSON II, PLINA
Address: 31 FAIRBANKS STREET
City-St-Zip: RODCHESTER, NY

Title: VMD () Delete
Name: WILSON, TERRY L
Address: 1600 W 9TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VD () Delete
Name: WILSON, TED A
Address: 227 EDINBURGH STREET
City-St-Zip: RODCHESTER, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEOPLIS L. WILSON

D

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date