

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90117 039 ***150.00

DOCUMENT # P94000062154 1. Entity Name THE FORTY EIGHTYFIVE CORPORATION					
Principal Place of Business 4925 38TH AVENUE N. ST PETERSBURG, FL 33709			Mailing Address 323 BAYVIEW DR NE ST. PETERSBURG, FL 33704		
2. Principal Place of Business		3. Mailing Address <i>323 Bayview Dr NE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0547846	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, MADELAINE 2000 IOWA AVE NE ST PETERSBURG, FL 33703				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 <i>Madeline Fernandez</i> (NOTE: Registered Agent signature required when reinstating) DATE 7-1-05					
FILE NOW!!! FEE IS \$580.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CABRERA, NELSON 2000 IOWA AVE NE ST PETERSBURG, FL 33703	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CABRERA, SANDRA I 2000 IOWA AVE NE ST PETERSBURG, FL 33703	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, MADELAINE 2000 IOWA AVE NE SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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>Madeline Fernandez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7-1-05 (727) 823-8871 <small>Date Telephone #</small> (727) 215-2559		



06292005 Chg-P CR2E034 (10/03)

ATTACHMENT

~~50024662~~
#P94000062154

7-1-05

Attn: Elva or Barbara Mitchell

I changed the mailing address with you
last year, and again, this year there was
no notice to pay the annual fee.

I am sending \$150.00, I want to make sure

I receive a notice to pay this every year
to my collect mailing address please.

323 Bayview Dr NE
St Pet, FL 33704