2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## May 04, 2005 8:00 am DOCUMENT # P94000067534 Secretary of State 1. Entity Name 05-04-2005 90114 010 \*\*\*158.75 FAKAHATCHEE RESOURCES, INC. Principal Place of Business Mailing Address 5672 STRAND COURT 5672 STRAND COURT NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address 801 ANCHOR RODE DRIVE #106 801 ANGHOR RODE DRIVE #106 NAPLES. FL 34103 1st MOORE CR2E034 (10/04) NAPLES, FL 34103 4. FEI Number Applied For City & State 65-0524077 Not Applicable Zip Country 7ip Countr \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JANET KELLY Street Address (P.O. Box Number is Not Acceptable) 5672 STRAND CT -ANCHOR RODE DRIVE #106 STE 1 NAPLES FL 34110 <u>NAPI FS. FL 34103</u> City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. tardy, Robert Paul 2 3059 Strand Court #101 VPD Addition TITLE ☐ Delete TITLE NAME HARDY, ROBERT PAUL NAME STREET ADDRESS 5672 STRAND COURT SUITE 1 STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ST Delete TITLE TITLE Manetrode Drive #100 KELLY, JANET NAME NAME 5672 STRAND COURT 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE , Rober Lopert S. strand Court, suite 101 NAME HARDY, ROBERT S NAME STREET ADDRESS STREET ADDRESS 5672 STRAND COURT SUITE 1 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (I) Ohange Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 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 Black 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED