

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-28-2005 90213 003 ***150.00

DOCUMENT # P96000039592

1. Entity Name

FRESH CAPITAL CORP.



Principal Place of Business

C/O THOMAS W. JOHNSTON
2335 E. ATLANTIC BLVD., SUITE 301
POMPANO BEACH FL 33062

Mailing Address

C/O THOMAS W. JOHNSTON
2335 E. ATLANTIC BLVD., SUITE 301
POMPANO BEACH FL 33062

50019548



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

5353 W ATLANTIC AVE. #403

Suite, Apt. #, etc.

3. Mailing Address

5353 W ATLANTIC AVE. #403

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

65-0679787

Applied For

Not Applicable

Zip

33484

Country

USA

Zip

33484

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, THOMAS W
C/O THOMAS W. JOHNSTON
2335 E. ATLANTIC BLVD., SUITE 301
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name
PETER J. AUSTIN

Street Address (P.O. Box Number is Not Acceptable)

311 THATCH PALM DRIVE

City
BOCA RATON

FL

Zip Code
33432

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-05

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

TITLE AS ☒ Delete
NAME JOHNSTON, THOMAS W
STREET ADDRESS 2335 EAST ATLANTIC BLVD. STE 301
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE DP ☐ Delete
NAME RUMBLE, JR., THEO
STREET ADDRESS 5353 W. ATLANTIC AVE., #S 403-404
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE DST ☐ Delete
NAME AUSTIN, PETER J
STREET ADDRESS 5353 W. ATLANTIC AVE., #S 403-404
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05

Date

561 496 7250

Daytime Phone #