

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90037 046 \*\*\*150.00

<b>DOCUMENT # P96000046366</b> 1. Entity Name <b>JERRY FEITLER, INC.</b>			
Principal Place of Business <b>2140 N.W. 17TH STREET DELRAY BEACH FL 33445-2617</b>		Mailing Address <b>2140 N.W. 17TH STREET DELRAY BEACH FL 33445-2617</b>	
2. Principal Place of Business <b>5941 Parkwalk Dr #813</b>		3. Mailing Address <b>5941 Parkwalk Dr. #813</b>	
Suite, Apt. #, etc. <b>#813</b>		Suite, Apt. #, etc. <b>#813</b>	
City & State <b>BOYNTON BEACH</b>		City & State <b>BOYNTON BEACH</b>	
Zip <b>33437</b>		Zip <b>33437</b>	
Country <b>Palm Beach</b>		Country <b>Palm Beach</b>	
4. FEI Number <b>65-0673666</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FEITLER, GERALD 2140 N.W. 17TH STREET DELRAY BEACH FL 33445-2617</b>		7. Name and Address of New Registered Agent Name <b>Gerald Feitler</b> Street Address (P.O. Box Number is Not Acceptable) <b>5941 Parkwalk Drive #813</b> City <b>BOYNTON BEACH</b> FL Zip Code <b>33437</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>2/24/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FEITLER, GERALD</b> <b>2140 NW 17TH ST.</b> <b>DELRAY BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>59 5941 PARKWALK DR #813</b> <b>BOYNTON BEACH, FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>ST</b> <b>FEITLER, LILA</b> <b>2140 N.W. 17TH STREET</b> <b>DELRAY BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5941 PARKWALK DR #813</b> <b>BOYNTON BEACH, FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**2/24/05**

Date

**561 716 7789**

Daytime Phone #