2005 FOR PROFIT CORPORATION ANNILAL REPORT (AR)

10. 1		INNUAL A	EFU	n: (An	<u>'/</u>		_	FIL	ED		
DOCUMENT # P96000070723 - 1. Entity Name							Apr 30, 2005 08:00 AM Secretary of State				
BOX DEF	POT, INC.							Secretary	y or Sta	ne	
Principal Plac	e of Busines	8	Mailing	Address			7				
2099 W ATLANTIC BLVD			2099 W ATLANTIC BLVD								
POMPANO BEACH FL 33069			5 POMPANO BEACH FL 33069								
		····			. 55008	· ·					
2. Principal F	Place of Busin	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt #, etc.				 15	st MOORE CF	R2E034 (10/0)4)	
City & State			City & State			_	4. FEI Numb	65-0704784			olied For Applicable
Zíp	Country		Zip Cod		Coun	itry	5. Certificate	e of Status Desired		5 Addi	
6. Name and Address of Current I			Registered Agent				7. Name and Address of New Registered Agent				
						Name		<u>-</u>			
BARNES, KIRK LEE 3608 SAHARA SPRINGS BLVD				Street Addres			(P.O. Box Numi	per is Not Accentable)			
	MPANO E	,			Street Address (P.O. Box Number is Not Acceptable)						
						City			₽ ₽ Zi	p Code	
								10-1-10-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	▁▐▔▐▃▕		
	e named entit tions of regist	y submits this statement for tered agent.	or the purpo	se of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Florid	a I am tamilia	r with, a	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and tille if appli	cable (NOT	2 Registere	d Agent signature require	ed when reinstating)		DATE		
After	May 1, 200	!! FEE IS \$150,00 05 Fee Will Be \$550.00 o Florida Department o						Election Campaign Trust Fund Contrib			00 May Be d to Fees
10.	K I WYADIO I	OFFICERS AND			11.	.	ADDITIONS	 /CHANGES TO OFFICE	AS AND DIRE	ZAOTO	IN 11
TITLE	D			☐ Delete	TITL	Ē	7.00	, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,			Addition
NAME	BARNES, I	KIRK LEE			NAM	E				-	_
STREET ADDRESS		ARA SPRINGS BLVD				ET ADDRESS					
CITY-ST-ZIP	POMPANO	BEACH FL 33069		Пель		-ST-ZIP					m kābis
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NAME STREET ADDRESS					NAM	E ADDRESS					
CITY-ST-ZIP						-SI-ZIP					
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name					NAM	Ε				•	_
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THILE			-	☐ Delete	TITLE	i			□ cı	nange	Addition
NAME CIRCLI ADDRESS					MAM	· I					
STREET ADDRESS CITY- ST-ZIP					1	ET ADDRESS -ST - 21 P					
12. I hereby o	certify that the	e information supplied with	n this filino d	does not qualify fo	r the exe	motion stated in S	ection 119.07(3)	(i), Florida Ŝtatutes. I fur	ther certify tha	t the Ini	ormation
indicated of the cor	l on this repoi rporation or th	rt or supplemental report is ne receiver or trustee empi	s true and a owered to e	ccurate and that recute this report	ny signai as requi	ture shall have the red by Chapter 60	same legal effe 7, Florida Statut	ct as if made under oath	that I am an	officer of	or director Block 11 if
changed	, or on an atta	achment with an address.	with all othe	er like empowered	•			,			
SIGNAT	URE:	James Land	The	- Kiry	i Ban	nes Fresro	dent	4/27/05	954-97	7-83	126
T. WITT		SIGNATURE AND TYPED OR F	PRINTED NAME					Dele	Daytime P	none 4	