

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90042 036 ***150.00

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1. Entity Name
CANALIS HOLDING CORP.

Principal Place of Business

**80 E. 2ND STREET
KEY LARGO, FL 33037**

Mailing Address

**80 E. 2ND STREET
KEY LARGO, FL 33037**

2. Principal Place of Business

19 LAKE SHORE DR

Suite, Apt. #, etc.

3. Mailing Address

19 LAKE SHORE DR

Suite, Apt. #, etc.



02092005

Chg-P

CR2E034 (10/03)

City & State

KEY LARGO, FL

City & State

KEY LARGO, FL

4. FEI Number

80-0104057

Applied For

NOT APPLICABLE

Not Applicable

Zip

33037

Country

USA

Zip

33037

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARBER, DENNIS R.
1450 MADRUGA AVENUE
SUITE 305
CORAL SPRINGS, FL 33146**

*address
changed*

7. Name and Address of New Registered Agent

Name

HABER, DENNIS R.

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

8925 SW 148 STREET

City

MIAMI

FL

Zip Code

33176

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGLETON, JOHN M 19 LAKE SHORE DR KEY LARGO, FL 33037	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SINGLETON, SUSAN C 19 LAKE SHORE DR KEY LARGO, FL 33037	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ SINGLETON, SEAN D. 638 EAST COLLEGE AVE TALLAHASSEE, FL 32301	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ SINGLETON, SANDRA M. 248 ALLEN AVE KEY LARGO, FL 33037	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

Susan C. Singleton

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER/DIRECTOR

Date

2-9-05

Daytime Phone #

(305)

451-1241