


FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90149 018 ***158.75

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000000408			
1. Entity Name RED CARPET/HOBE SOUND, INC.			
Principal Place of Business 1475 Villa Juno Dr. N. Juno Beach, FL 33408		Mailing Address 1475 Villa Juno Dr. N. Juno Beach, FL 33408	
2. Principal Place of Business 1475 VILLA JUNO DR N. Suite, Apt. #, etc.		3. Mailing Address 1475 VILLA JUNO DR N. Suite, Apt. #, etc.	
City & State JUNO BEACH FL		City & State JUNO BEACH FL	
Zip 33408		Zip 33408	
Country		Country	
4. FEI Number 65-0801178		Applied For Not Applicable	
5. Certificate of Status Desired X		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINN, HUGH F ESQ 1475 Villa Juno Drive North Juno Beach, FL 33408		7. Name and Address of New Registered Agent Name QUINN, HUGH F ESQ. Street Address (P.O. Box Number is Not Acceptable) 1475 VILLA JUNO DRIVE NORTH City JUNO BEACH FL Zip Code 33408	
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 <u>Hugh Quinn</u> DATE <u>4/29/05</u> <small>Signature, not of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEACON, ROBERT C 8330 S.W. 114TH STREET MIAMI, FL 33158 <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	SD QUINN, HUGH F 1475 Villa Juno Drive North Juno Beach, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Hugh Quinn Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/29/05</u> 7724853267 <small>Date Daytime Phone #</small>	