2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000003029

1. Entity Name
FOR FUN, INC.

Principal Place of Business	Mailing Address
413 SW 6 AVE HALLANDALE, FL 33009-6237	413 SW 6 AVE HALLANDALE, FL 33009-6237

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07232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0719338
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCPHERSON, KATHERINE M
413 SW 6 AVE
HALLANDALE, FL 33009-6237

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$6.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCPHERSON, KATHERINE
STREET ADDRESS	413 SW 6 AVE
CITY-ST-ZIP	HALLANDALE, FL 330086237
TITLE	DST
NAME	MCPHERSON,
STREET ADDRESS	413 SW 6 AVE
CITY-ST-ZIP	HALLANDALE, FL 330096237
TITLE	DV
NAME	MCPHERSON, DAVID E
STREET ADDRESS	413 SW 6 AVE
CITY-ST-ZIP	HALLANDALE, FL 330096237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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: Kathern M [illegible] 4/25/05 954 954 2970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kathern M [illegible]