

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000041034

1. Entity Name

FOCUS LIMITED INC.



FILED
Apr 04, 2005 08:00 AM
Secretary of State

Principal Place of Business

725 N TYNDALL PKWY
CALLAWAY FL 32404
US

Mailing Address

1232 PLANTATION DR
CALLAWAY FL 32404
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3454425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHALEY, MARIE
2129 S TYNDALL PARKWAY
CALLAWAY FL 32404

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PENDERGRAST, THOMAS L	
STREET ADDRESS	725 N. TYNDALL PKWY.	
CITY - ST - ZIP	CALLAWAY FL 32404	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENDERGRAST, JUDITH	
STREET ADDRESS	725 N. TYNDALL PKWY.	
CITY - ST - ZIP	CALLAWAY FL 32404	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENDERGRAST, MATTHEW	
STREET ADDRESS	725 N. TYNDALL PKWY.	
CITY - ST - ZIP	CALLAWAY FL 32404	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENDERGRAST, JESSE	
STREET ADDRESS	725 N. TYNDALL PKWY.	
CITY - ST - ZIP	CALLAWAY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UD00000288429
04/05/05-80008-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Thomas L Pendergrast

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 8507853426

Date

Daytime Phone #