

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


APPROVAL  
AND  
FILED

05 JUL 15 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07132005 Chg-P CR2E034 (10/03) *W*

<b>DOCUMENT # P97000053592</b>					
1. Entity Name 2000 PLUS, INC.					
Principal Place of Business 2038 PORT MALABAR BLVD PALM BAY, FL 32905 US			Mailing Address PO BOX 249 MELBOURNE, FL 32902 US		
2. Principal Place of Business		3. Mailing Address 8333 W McNab Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 127			
City & State		City & State Tamarac FL		4. FEI Number 65-0760894	
Zip		Country		Applied For Not Applicable	
33321		BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NICHOL, HOLLY D 2038 PORT MALABAR BLVD PALM BAY, FL 32905			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Amended AR is \$61.25		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	D NICHOL, HOLLY D 2038 PORT MALABAR BLVD MELBOURNE, FL 32902	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800057891958 07/26/05--01007--002 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Holly D Nichol</i>			Date: <i>July 10, 2005</i> Daytime Phone #: <i>321 288 8337</i>		