# 2005 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # P97000100105**

1. Entity Name
FLORIDA ADMINISTRATORS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 701 US HIGHWAY ONE<br>STE 200<br>NORTH PALM BEACH, FL 33408   US | 701 US HIGHWAY ONE<br>STE 200<br>NORTH PALM BEACH, FL 33408   US |

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02092005      No Chg-P      CR2E034 (10/03)

| 4. FEI Number<br>NOT APPLICABLE | Applied For |
|---|---|
| | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

HARRIS, GEORGE E
11380 PROSPERITY FARMS RD, STE 201
PALM BEACH GARDENS, FL 33410

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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_____

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐  **$5.00** May Be Added to Fees

**10.**        OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | STEPHENS, SAM |
| STREET ADDRESS | 701 US HWY 1, STE 200 |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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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: _[signature]_  SAM STEPHENS  4.14.05  800-226-1898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #